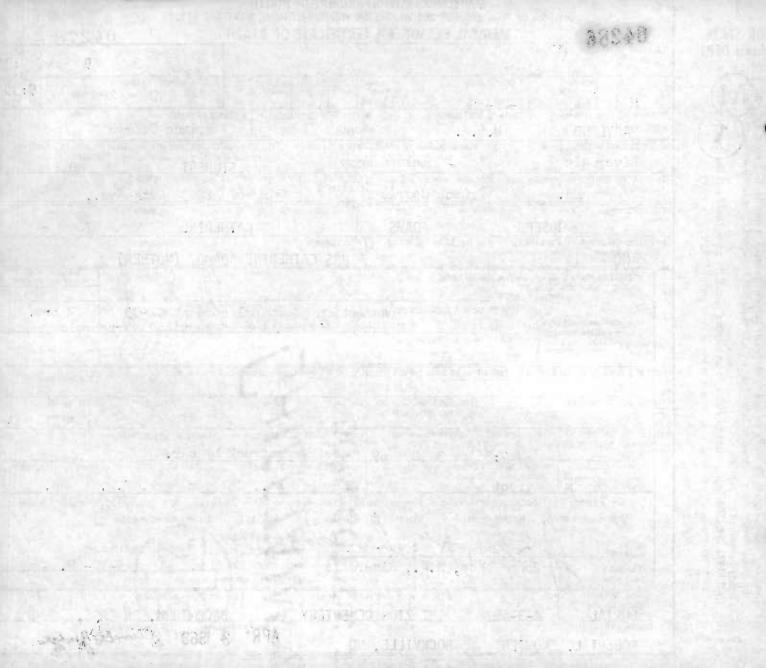
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 04278 HEALTH DEPT. 20. DATE KNOWN Middle Yeor (Type or Print) OF ESTI-DEATH MATED Alvin Adams 3. SEX 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 4. RACE S. DATE OF BIRTH 2c. DATE PRONOUNCED DEAD Yeor 19 69 1-21-58 YRS 7o. BIRTHPLACE (Stote or foreign MARRIED NEVER MARRIED 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH country) MARYLAND Prince George U.S.A. WIDOWED [DIVORCED in Item 18. Give Poges 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR should be forwarded to the Chief Medical Examiner's Office along with give street oddressteland Hosp during most of working life, even if retired.)
STUDENT **INDUSTRY** Riverdale NONE 130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR_TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY rince George odmission) STATE College Md. YES WO land 2 14. FATHER'S NAME First 5. MOTHER'S MAIDEN NAME Middle Middle JOSEPH **ADAMS** CATHERINE hours pencil 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT **ADDRESS** (Yes, no, or unknown) MRS CATHERINE ADAMS (MOTHER) APPROXIMATE INTERVAL event within 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND OFATH PART I. DEATH WAS CAUSED BY: Shock IMMEDIATE CAUSE (o)_ DUE TO, OR AS A CONSEQUENCE Pransection of spinal cord at C2-C3 2 hrs. Conditions, if any, which gove Fracture dislocation of cervical vertebraie rise to immediate couse (a), pluods writing the word DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES 🗍 NO [21o. EXTERNAL CAUSE WAS 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 1B.) 3 should l 21b. TIME OF INJURY Month, Doy, Year PRIMARY OR CONTRIBUTING HOUR A.M. 7:35 Mpm 3 299 69 Pedestrian struck by car.

21e. PLACE OF INJURY (Ar home, form, street, 21f. LOCATION Street or R.F.D. No. (ity or Jown ICAL EXAMINER: CAUSE OF DEATH 21d. INJURY OCCURRED City or Town County Stote foctory, office building, etc.) FUNERAL DIRECTOR: Page WHILE NOT WHILE AT WORK AT WORK Navahoe St., College Park, P.G. Street Md. burial, 220. I certify that I took charge of the remains described above, held on Autopsy ... Inspection 3 Inquiry X ond in my opinion deoth resulted from Noturol causes . Accident N. Suicide . Homicide Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE TO DEPUTY M.D., Riverdale DEPUTY MEDICAL EXAMINER & 3-30-69 TO FUN Heolth **EXAMINER'S** NAME (Type) ADDRESS(Street, city, town, or county) the 23o. BURIAL CREMATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify BURIAL 4-3-69 MT ZION CEMERTERY BACONTOWN. PR GRGS MD ADDRESS 24 FUNERAL DIRECTOR VR A15ME (5) ROCKVILLE, MD ROBERT L. SNOWDEN 10M REV. 1/68

MARYLAND STATE DEPARTMENT OF HEALTH



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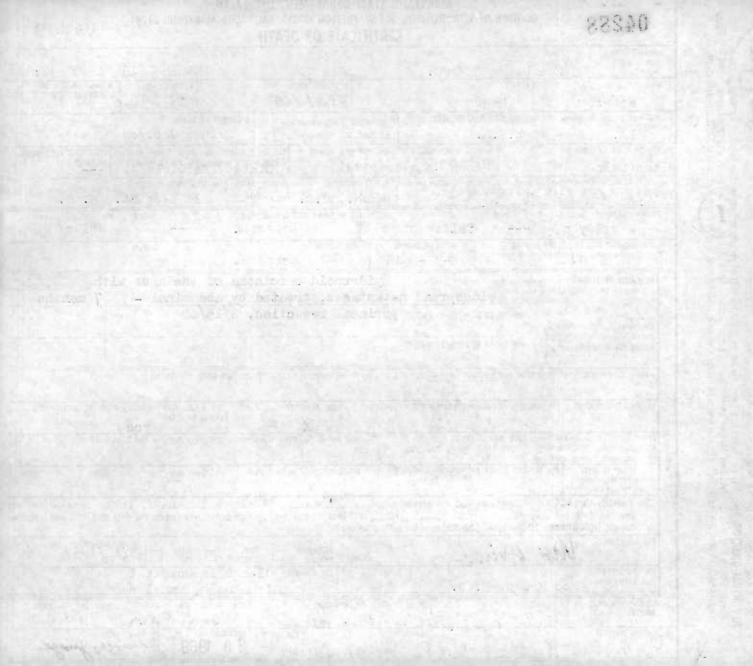
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04289 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04281 Item6 FilmGulo 3/17/69 kk CERTIFICATE OF DEATH 1. DECEASED-NAME First Lost 2a. DATE OF DEATH 2b. HOUR and 2 death. the death certificate be executed within 24 hours after death (Type or print) Funerol Month Doy 3/9/69 Marcus H. Armistead 0 3. SEX Male 4. RACE White S. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 6. AGE (In years last birthday)
71/1/2 YRS. MONTHS DAYS HOURS 03//9/97 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED 1 NEVER MARRIED e remove corbon poper USA Prince George's County DIVORCED [WIDOWED [Florida 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12g. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address) Prince George's Hospital during most of warking life, even if retired.) INDUSTRY Retired Cheverly signed by the attending physicion/ond complete burial-transit permit. Then please remove cork burial, cremotion, or removol, and in any event. 13g. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c, CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREFT AND NUMBER 13b. COUNTY Prince Geo. New Carrollton Maryland NO T 7600 Fountbeau Drive 14 FATHER'S NAME Middle 1S. MOTHER'S MAIDEN NAME First Middle First Last Armistead Lat 16b. SOCIAL SECURITY NO. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address Yes, na. ar unknawn) (If yes give war or dates of service) New Carrollton, Md. 577-20-5665 Alma W Armistead APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: thrungen 3m05 IMMEDIATE CAUSE (o) Canditions, if ony, which gave) rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a) DOVEN MUNIA be detoched far use as the Stote Dept. of Health prior to has been 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? CAUSES OF DEATH? YES [TO FUNERAL DIRECTOR: After this certificate be retained by the hospital or ATTENDING PHYSICIAN: 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M Manth Day Year (If either, natify medical examiner) P.M. 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED State City or Town County While Nat while at work 1962, and that in (my) (our) opinion death accurred an the dote and have and from the saw the deceased alive an_ directar, page 3 should should be filed with the causes stated obave. (1) (we) (did) (did not) view the body after death 22c. DATE SIGNED ATTENDING TO HOSPITAL OR A DEGREE DIRECTOR PHYS 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 509 CAR 23c. NAME OF CEMETERY OR CREMATORY 23b, DATE 23d. LOCATION (City or Town) (State) 23a. BURIAL, CREMATION, (Caunty) REMOVAL (Specify) Mar 13, 1969 Columbia Gardens Arlington Va 24. FUNERAL DIRECTOR 2Sq. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) 30M REV. 1/68 Gasch's Sons Hyattsville, Md.

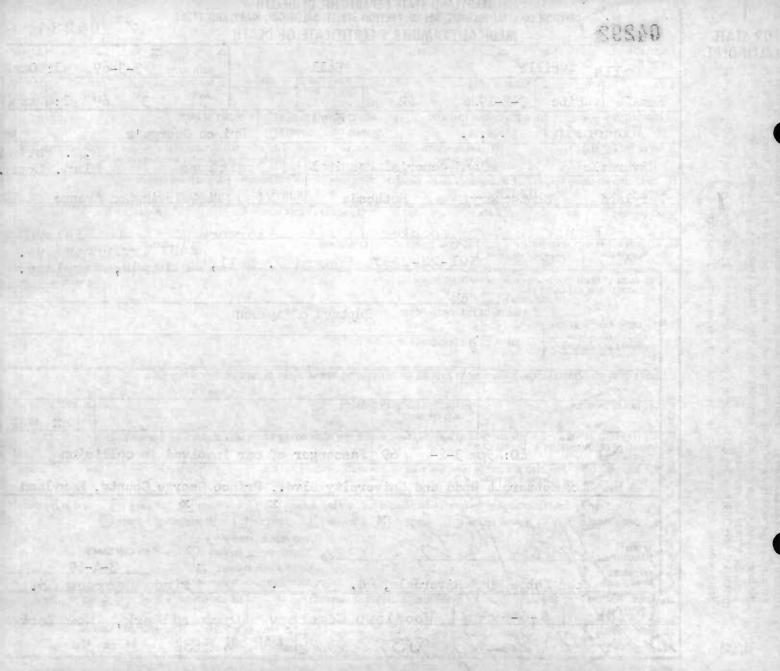
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(Type or print)		Aufrecht, Sr.	March 22, 196	9 Yeor 2:40 M
		S. DATE OF BIRTH 8/8/1	908 6. AGE (In years last birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS OAYS HOURS MIN.
7o. BIRTHPLACE (Stote or foreign	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED 9. 0	COUNTY OF DEATH	
D.C.	11 NAME OF HOSPITAL OR INS	TITUTION (If not in bosnite) 120 USUAL C	Prince George's	12b. KIND OF BUSINESS OR
Cheverly	Prince Geo.	General Hosp. during most		U.S.Govt.
admission) STATE Maryla	nd Prince Georges	Cheverly YES X NO	6413 Kilmer S	treet
				Last
16g WAS DECEASED EVER IN U.S.	ARMED FORCES? 16b. SOCIAL SECURITY N	O. 17. INFORMANT	Address	
18. CAUSE OF DEATH (Ente	anty ane cause per line far (a), (b), and (c).)	7	Trecht Jr. Sa	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
491X IMN	DUE TO, OR AS A CONSEQUENCE OF	On the	aluar.	May
rise to immediate cause (stoting the underlying cau	(b) (c) (d)	Combol iss	Lition	Mana
_	CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE ORCON	DITION GIVEN IN PART I(a)	of Pales
19a. DATE OF OPERATION	9b. CONDITION FOR WHICH OPERATION WAS PER		20b. IF TES, WERE FINDINGS CO CAUSES OF DEATH?	NSIDERED IN CERTIFYING
	DEATH HOUR A.M. Month Day Year		ture of injury in Part 1 ar Part 2, It	em 18.)
(If either, notify medical ex 21d. INJURY OCCURRED While \(\text{Not while} \)	pminer) P.M. 19 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.	TORY,) 21f. LOCATION Street ar R.F.D. No.	City or Town	Caunty State
22a. I certify that (I)	(this haspital) attended the decease	d from 2 - 19, 19 6	9, to 3-22,19	that (I) (we) las
	ove (1) (we) (did) (did not) view the l	oady after death.		ATE SIGNED
7111	Horde	DEGREE PHYS. DIREC	STAFF	
23a. BURIAL, CREMATION, PROPERTY.	3/25/1969 Fort 1	Lincoln Cemetery	Colmar Manor,	(County) (State) Maryland
24. FUNERAL DIRECTOR Nallev's Fu	ADDRESS	2Sq. REC'D BY R	EGISTRAR 2Sb. REGISTRAR'S	SIGNATURE .
	I. DECEASED-NAME (Type or print) 3. SEX Male 70. BIRTHPLACE (Stote or foreign country) D.C. 10. CITY OR TOWN OF DEATH Cheverly 130. USUAL RESIDENCE (Where deadmission) STATE Maryla 14. FATHER'S NAME First Carl 16a. WAS DECEASED EVER IN U.S. Yes Da or unknown) 18. CAUSE OF DEATH (Enterpart of Language of	DIVISION OF VITAL RECORDS, 04290 1. DECEASED-NAME (Type or print) 3. SEX Male 70. BIRTHPLACE (Stote or foreign Country) D. C. 10. CITY OR TOWN OF DEATH Cheverly 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE Maryland Prince Geoges 14. FATHER'S NAME First Middle White The What Country? U. S. A. 10. CITY OR TOWN OF DEATH Cheverly 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before lab. 130. COUNTY Prince Geoges 14. FATHER'S NAME First Middle What Country Prince Geo. 16. Augrecht 16. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, Da, or unknown) None 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (a)) PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (b) Conditions, if any, which gave rise to immediate cause (a), stoting the underlying cause lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 21d. INJURY OCCURRED While May while advorb of work of work 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PER 21d. INJURY OCCURRED While Not while Not work 19d. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PER 21d. INJURY OCCURRED While Not while Not work 22d. I certify that (1) (this haspital) attended the decease of causes stated above (1) (we) (did) (did not) view the lecased dilive on causes stated above (1) (we) (did) (did not) view the lecased dilive on causes stated above (1) (we) (did) (did not) view the lecased dilive on causes stated above (1) (we) (did) (did not) view the lecased dilive on causes stated above (1) (we) (did) (did not) view the lecased dilive on causes stated above (1) (we) (did) (did not) view the lecased dilive on causes stated above (1) (we) (did) (did not) view the lecased dilive on causes stated above (1) (we) (did) (did not) view the lecased dilive on causes stated above (1) (we) (did) (did not) view the lecased dilive on causes stated above (1) (we) (did) (did not) view the lecased dilive on causes stated above (1) (we) (di	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIME CERTIFICATE OF DEATH DECEASED-NAME (Type or print) 3. SEX Male 7. BIRTHPLACE (Stote or foreign Country) D. C. 10. CITY OR TOWN OF DEATH Cheverly 11. NAME OF HOSPITAL OR INSTITUTION (In in hospitol country) 120. USUAL RESIDENCE (Where deceased lived, it institutions: Residence before 131. CUTY OR TOWN 132. USUAL RESIDENCE (Where deceased lived, it institutions: Residence before 133. CHY OR TOWN 14. FATHER'S NAME First Carl Manyland Prince Georges Cheverly Prince Georges Cheverly 15. MOTHER'S MAIDEN NAME First Carl Manyland Prince Georges Cheverly VES NO 16. CHY OR TOWN 17. INFORMANT Cheverly PART L DEATH WAS CAUSED BY: INA CAUSE OF DEATH (Enter anly one couse per line for (a), (b), apd (c), Toming the underlying cause (b) 16. OR AS A RONSEQUENCE OF (conditions, if any, which gave rise to immediate cause (a). STOTE (AUSTO OF WHICH OPERATION WAS DERFORMED 190. DATE OF OPERATION 190. DATE OF OPERATION 190. DATE OF OPERATION 190. CAUSED BY: PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION FOR WHICH OPERATION WAS PERFORMED 210. ACCIDENT WAS UNDERLYING (If either, and) cause of peratin (If either, and) cause of peratin (Iff either, and) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GOVERNOR (Enter on one) Conditions, if any, which gave (ins to immediate cause) (b) OR AS A RONSEQUENCE OF (b) OR AS A RONSEQUENCE OF (conditions, if any, which gave (ins to immediate cause) (b) OR AS A CONSEQUENCE OF (conditions, if any, which gave (ins to immediate cause) (conditions, if any, which gave (ins to immediate cause) (conditions, if any, which gave (ins to immediate cause) (conditions, if any, which gave (ins to	DECASED-NAME First Middle Lost Aufrecht, Sr. 20. DATE OF DEATH March 20. DATE 20. DATE OF DEATH March 20. DATE 20. DATE OF DEATH March 20. DATE 20. DATE



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04284 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. 1 DECEASED-NAME First Middle Lost 20. DATE KNOWN X Month Yeor 2b. HOUR (Type or Print)
Della OF ESTI-Lucille Ball 19 1: 00amm 0 200 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 2c. DATE PRONOUNCED DEAD 2d HOUR 4 RACE 5. DATE OF BIRTH White 9-2-1926 191: dOam M Female Departr 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 7o. BIRTHPLACE (Stote or foreign 9. COUNTY OF DEATH Office olong with form country) Wisconsin U.S.A. WIDOWED | DIVORCED [Prince George's Give Poges 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 125 KIND OF BUSINESS OR Leland Hemorial Hospital during most of working life, even if retired.) Riverdale raitsman Plan. Comm 130. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER YES NO 8407 Irvington Avenue Bethesda 24 hours in Item 18 14. FATHER'S NAME IS MOTHER'S MAIDEN NAME Glenn Koehler Florence ecute the certificate, writing the word "pending" in pencil in Page 4 should be forworded to the Chief Medical Exominer's 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 8407 Trvington Ave. 16b. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no or unknown) (If yes give war or dates of service) Edward D. Ball, Bethesda, Marylan 391-22-2957 File within 72 be executed 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) permit. PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) Shock event Rupture of spleen DUE TO, OR AS A CONSEQUENCE OF buriol-tronsit Conditions, if ony, which gove rise to immediate couse (a). DUF TO, OR AS A CONSEQUENCE OF stoting the underlying couse .⊆ PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES NO pe 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) 0 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Year 3 should PRIMARY TO OR CONTRIBUTING cremation, Passenger of car involved in collision 19 69 CAUSE OF DEATH 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, City or Town County State Not WHILE X Metzerott Road and University Blvd., Prince George County, Maryland Inspection [X], Inquiry [7], 220. I certify that I took charge of the remains described above, held on Autopsy [X], FUNERAL DIRECTOR: ond in my opinion the funerol director. Motural causes . Accident . Suicide . Homicide deoth resulted from: Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE. necessory, 3-4-69 DEPUTY MEDICAL EXAMINER **EXAMINER'S** moy ADDRESS(Street, city, town, or comprince Georges Riverdale, Md. NAME (Type) John Kehoe MD 50 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE (County) 230. BURIAL, CREMATION 3-6-69 Woodlawn Cemetery Orchard Park No. REGISTRAR SIGNATURE New York 2So. REC'D BY REGISTRAR 1969 VR A15ME (5) 10M REV. 1/68



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04285 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME First 20. DATE KNOWN Month 2h HOUR (Type or Print) deloy ind 3 to OF ESTI-Edward Ball Jr. 197 : 30pmM 4. RACE IF LINDER 24 HRS 3. SEX S. DATE OF BIRTH 6. AGE (In years 2c. DATE PRONOLINCED DEAD 2d HOUR last birthday) 69°19 1:30pmm White 7-5-1926 Male 7b. CITIZEN OF WHAT COUNTRY? 7o. BIRTHPLACE (Stote or foreign MARRIED STNEVER MARRIED 9. COUNTY OF DEATH glong with form WIDOWED | DIVORCED [II.S.A. New York Prince George's 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a, USUAL OCCUPATION (Kind of work done 124 KIND OF BUSINESS OF THE give street oddress)
Leland Memorial Hospital during most of warking life, even if retired.) Riverdale Planner Comm. 13a. USUAL RESIDENCE (Where deceosed lived), if institution; Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER Nontgomery Bethesda YES NO 8407 Irvington Avenue Office Jond ofter 14. FATHER'S NAME First 1S. MOTHER'S MAIDEN NAME First Edward Ball. Josephine Marshall. he certificate, writing the word "pending" in pencil in should be forwarded to the Chief Medical Examiner's poges 16b. SOCIAL SECURITY NO. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT ADDRISS O7 Irvington (Yes, na, or unknown) 134-20-4697 Edward D. Ball, Bethesda, Md. This certificate should be executed 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: permit. IMMEDIATE CAUSE (a) Shock DUE TO, OR AS A CONSEQUENCE OF Left hemothorax burial-transit Canditians, if any, which gave (b) and Aspiration of gastric contents rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying cause .= (a) and fracture of left femur PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES NO 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Manth, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 ar Part 2, Item 18.) 3 shauld PRIMARY XX OR CONTRIBUTING 10:45 pm 3-2- 1969 cremotion, Driver of car involved in collision CAUSE OF DEATH 21d. INJURY OCCURRED 21f. LOCATION Street or R.F.D. No. 21e. PLACE OF INJURY (At home, form, street, City or Town * County WHILE NOT WHILE Mat work Maryland AT Work Maryland Metzerott Road and University Blvd. Prince George County, Maryland 220. I certify that I took charge of the remains described above, held on Autopsy [X], Inspection [X], Inquiry [7], ond in my opinion deoth resulted from: Natural causes Accident X, Suicide , Homicide Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER the funerol SIGNATURE. 3-4-69 DEPUTY MEDICAL EXAMINER **EXAMINER'S** may NAME (Type) John Kehoe MD ADDRESS(Street, city, town, or counfirme Georges Co. Riverdale. Md. 23c. NAME OF CEMETERY OR CREMATORY SOT 230. BURIAL, CREMATION 23b DATE 23d. LOCATION (City or Town) (County) Burial (Specify) 3-6-69 Woodlawn Cemetery Orchard Park, New York 250. REC'D BY REGISTRAR ADDRESS 25b. REGISTRAR'S SIGNATURE Clearlas andas VR A15ME (5) 10M REV. 1/68

al contract () . When Internal countries a decid . DE , 45 COLORDO , ELLO , COLAR COLORDO DE MARCOLO DE LA COLORDO DE LA to in 1965 at her Zorna rup the invading them -- Cities is ve hual-wat admired pureas seller and his charge and provided lactor for the error of the contract of the c 146-676 TUMORFIATO DANS SECTION SERVICE SERVIC

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04288 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME First Middle 2a. DATE KNOWN Month 2b. HOUR Year (Type or Print) ESTIny delay is 2, and 3 ta PM3. Page William 193:25amM Jr DEATH MATED Benton ment o 6. AGE (In years IF UNDER 24 HRS. 3. SEX 4. RACE S. DATE OF BIRTH 2c. DATE PRONOUNCED DEAD 2d. HOUR 6-29-1899 19 3 . 25amM Male White 69 pages 1 and 2 with the State Depart 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 4 shauld be farwarded to the Chief Modical Examiner's Office along with farm country) West Va USA WIDOWED [DIVORCED Prince George's 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10. CITY OR TOWN OF DEATH 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired.) give street address INDUSTRY Cheverly Prince George Hospital Building Carpenter 130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER admission) STATE Prince George's YES NO 6009 Lafavette Avenue Riverdale ofter 14. FATHER'S NAME Middle Last 15. MOTHER'S MAIDEN NAME First Middle William H Benton Nannie Gorden haurs 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS be executed within (Yes, no, or unknown) (If yes give war or dates of service) Alexandria 220 09 7784 Sarah E Ronemus Va. File APPROXIMATE INTERVAL WITHIN 18. CAUSE QF DEATH (Enter only one cause per line for (a), (b), and (c).) bermit. BETWEEN ONSET AND OFATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Acute pulmonary edema event DUE TO, OR AS A CONSEQUENCE OF And Delerium tremens burial-transit Canditians, if any, which gave in any rise to immediate cause (o). This certificate shauld DUE TO, OR AS A CONSEQUENCE OF stoting the underlying cause and PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 0 remayal, CERTIFICATION 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES DO NO T 0 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port 2, Item 18.) 3 should PRIMARY OR CONTRIBUTING HOUR A.M MEDICAL burial, crematian, CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County State factory, affice building, etc.) FUNERAL DIRECTOR: Page WHILE NOT WHILE AT WORK funeral directar. Page 22a. I certify that I taak charge of the remains described above, held an Autopsy [x], Inspection X Inquiry and in my apinian death resulted fram: Natural causes 20 Accident Suicide [Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 3-8-69 EXAMINER'S John Kehoe MD Riverdale, Md. DEPUTY MEDICAL EXAMINER ro FUNE Health ADDRESS(Street, city, tawn, or county) NAME (Type) the 23o. BURIAL CREMATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) March 11. 1969 Glenwood Cemetery Washington D. C. Burial 24. FUNERAL DIRECTOR 2Sq. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATUR F. Gasch's Sons Hyattsville, Md. VR A15ME (5) 10M REV. 1/68

1. DECEASED-NAME	First	/69 kk	CERTIFICATE OF		DATE OF DEATH	04289	2b. HOUR
(Type ar print)	MARY	RUTH	BERGLIN	G	Month [1969 Yeor	12:41
3. SEX	4. R	ACE	S. DATE OF	1895	6. AGE (In years last birthday)		UNDER 24 HRS.
FEMAL		WHITE		18,1885	73 YR		MIN MIN
70. BIRTHPLACE (State country) WASHIN	IGTON	U.S.		ORCED	UNTY OF DEATH PRINCE GEORG		Md.
CHEVERLY	7	11. NAME OF HOSPITAL OR IN give street address) PRINCE GEORE	GE GEN. HOSP	during most of NURS	UPATION (Kind af work dan working life, even if retired. E	12b. KIND OF BU INDUSTRY NURSING	
admissian) STATE	(Where deceosed lived MARYLAND 13b.	, if institution: Residence before COUNTY PRINCE GEORGE	13c. CITY OR TOWN	YES NO NO	13e. STREET AND NUMBER 8810 Cranda		
14. FATHER'S NAME	First	Middle Lost		MAIDEN NAME First	Middle		Last
	ohn Berglin			Lillian T	hompson		
16a. WAS DECEASED I	VER IN U.S. ARMED FOR n) (If yes give war or dates	Acres N		11 (1)	Address		
no		578 09 25		th Chamber	rs Lanh	am, Md.	(MTCD)/A
PART 1. DE	ATH WAS CAUSED BY: IMMEDIATE CAUS DU	E (a) CONSIQUENCE OF	hoselerbe ,	had de		BETWEEN ONSET	I AND DEATH
rise to immedi	ote cause (a),	(b) TO, OR AS A CONSEQUENCE OF	prime				
_	SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMIN	AL DISEASE OR CONDIT	ION GIVEN IN PART 1(a)		
19a. DATE OF OPE		ON FOR WHICH OPERATION WAS PE	YES [] NO [20b. IF YES, WERE FINDINGS CAUSES OF DEATH?		IFYING
☐ OR CONTRIBUTING	medical exominer)	Ib. TIME OF INJURY OUR A.M. Month Day Year P.M. 14			e of injury in Port 1 or Port 1	2, Item 18.)	
While Not	CURRED 21e. PLACE O	F INJURY (AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.	(TORY.) 21f. LOCATION Stre	eet ar R.F.D. No.	City ar Town	Caunty	State
at work of w	that (1) (this has	nitol) attended the decease	ed from 9, and that in (n	ny) (our) apinion	to 3/29, 1 death occurred an the	19 <u>69</u> , that (I dote ond haur an) (we) lost d fram the
22a. I certify saw the	deceased alive an stated abave, (I) (v	ve) (did) (did not) view the	body after death.				
22a. I certify saw the causes 22b. SIGNATURE	deceased alive an	ve) (did) (did nb1) view the	DEGREE PHYS.	DIRECTO	R STAFF 22	3/3/6	9
22a. I certify saw the	deceased alive an	Levitsky	DEGREE ATTEND PHYS. 228 AD 34C	ING MED. DIRECTO DRESS R I ave	R PHYS.	3/316	9
22a. I certify saw the causes 22b. SIGNATURE	deceased alive anstated abave, (I) (v Leon R. ON, 23b. DATE April	Levitsky 23c. NAME OF	DEGREE PHYS.	DRESS R I ave	R PHYS Mt. Raini LOCATION (City or Town) Washington	3/3/6 (county)	(State)

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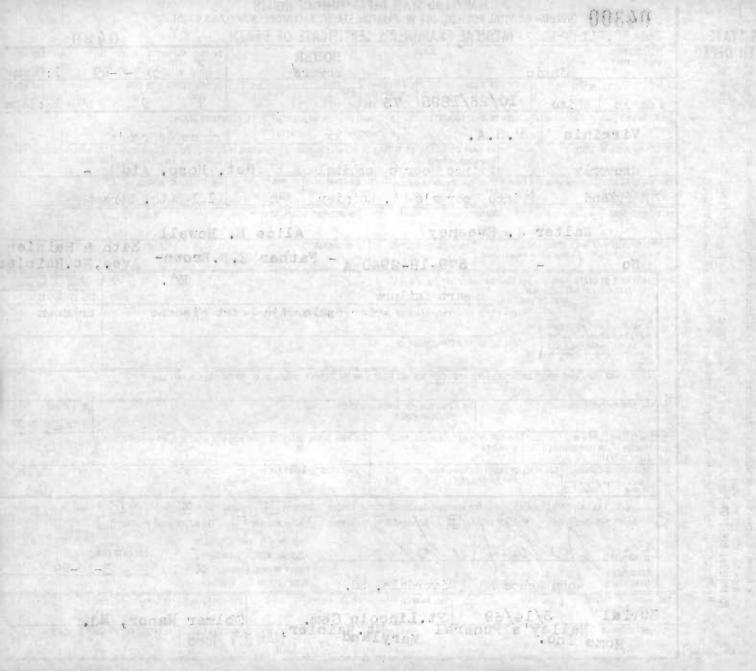
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04290 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 20. DATE KNOWN HEALTH DEPT. . DECEASED-NAME Month (Type or Print) ESTI-2, and 3 ta PM3. Page 1972:13am of Walker Berthiaume DEATH MATED X Robert ent IF UNDER 24 HRS. 2c. DATE PRONOUNCED DEAD 4 RACE 6. AGE (In years 2d. HOUR 3 SFX S. DATE OF BIRTH lost birthdov) 19 12:45am Male White 20 Feb. 1930 YRS 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED SE 9. COUNTY OF DEATH Office alang with farm country) MASS U.S.A. WIDOWED [Prince George's Give Poges with the Stat 24 haurs after deoth 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR INDUSTRY SAME during most of working life, even if retired.) give street oddress) Prince George Hospital CARPENTER Cheverly 13e. STREET AND NUMBER 130. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN Prince George's 8510 Zug Road YES NO Bowie page's Jand? after Hem 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME First Middle Lost TREMBLE ARMAND BERTHIAUME ALICE hours 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS Page 4 shauld be farwarded to the Chief Medical Examine pencil This certificate shauld be executed within (Yes, no, or, unknown) 019 22 8230 ARMAND BERTHIAOME File APPROXIMATE INTERVAL event within IB. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) permit. BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) Shock DUE TO, OR AS A CONSEQUENCE OF Bullet wound of lung burial-transit Conditions, if ony, which gove (b) and Transection of spinal cord rise to immediate couse (a). writing the word DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse __ pup PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) 0 SD remaval, 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? 190. DATE OF OPERATION WAS PERFORMED? please execute the certificate. YES [X] NO T OL 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Dov. Yeor 3 shauld HOUR A.M. PRIMARY OR CONTRIBUTING crematian, Shot during altercation 19 69 CAUSE OF DEATH 2.70AM 3-2-21f. LOCATION Street or R.F.D. No. County Stote 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, City or Town foctory, office building, etc.) WHILE AT WORK AT WORK same as #13 220. I certify that I took charge of the remains described above, held an Autopsy ... Inspection x Inquiry | and in my opinian Undetermined manner Suicide . Homicide x death resulted fram: Noturol causes Accident CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE Riverdale. DEPUTY MEDICAL EXAMINER Wehoe MD **EXAMINER'S** 5 may O FUNE Health ADDRESS(Street, city, town, or county) NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, 23b. DATE (Stote) MAR. 6. 1969 REMOVAL (Specify) 250. REC'D BY REGISTRAR ADDRESS 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 254 Curral/ 1 1969 VR A15ME (5) 10M REV. 1/68

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MARYLAND STATE DEPARTMENT OF HEALTH

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8	1	MARYLAND STATE DEPARTMENT OF HEALTH 04300 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201		
FOR STATE		Item#8, FilmG410 3/2MEDICAL EXAMINER'S CERTIFICATE OF DEATH 0	4292	
HEALTH DEPT.		DECEASED-NAME First Middle BOWER 20. DATE KNOWN Month OF ESTI-	Day Year	2b. HOUR
云古春草		Minnie Bowers Death Mareo ☑ 3-9-6	9 19]:	DOamM
deloy meent	3. 5	lost birthday) MONTHS DAYS HOURS MIN MARCH	V	2d. HOUR
		emale White 10/20/1895 73 YRS 3	69 19 12	:34pm
Z E O		BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH		
farm farm		VIrginia 0.5.A. whowen KK blocker Prince George's	0) 1/11/2 05 21/6/1	Mo
after death 8. Give Pages along with far with the state	1.0.	give street address) during most of working life even if retired \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	2b. KIND OF BUSIN NDUSTRY	IESS OR
Give ng h h	130	Cheverly Prince George Hospital Ret. Hosp. Aid USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER	•	
hiv 24 hours after death any addition them 18. Give Pages 1, 2, ninec's Office along with farm Pages I and 2 with the state Departhaurs after death.	0	drission state 13b (OUNIY George's Mt. Rainier YES NO 4101 34th. Stre	et	
24 hours in Trem 1.		FATHER'S NAME First Middle Last Is. MOTHER'S MAIDEN NAME First Middle	Last	
1 2 5 0 5 S O S O S O S O S O S O S O S O S O S		Walter J. Sweeney Alice E. Howell		
niner's pages haurs	16a.	WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT ADDRESS 3.4 + 1-	& Rai	nier
within pender Examile po	,		Mt.Ra:	
ed in in in it. Fi		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)	APPROXIMATE IN GETWEEN ONSET A	NTERVAL
executed ading" is Medical permit.		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Heart failure	minutes	
exend F Me it pe		DUE TO, OR AS A CONSEQUENCE OF Arteriosclerotic heart disease	unknown	1
shauld be executed ne ward "pending" in a the Chief Medical E. burial-transit permit. F I in any event within		Conditions, if ony, which gave rise to immediate cause (a), (b)		1 7 4
wan wan he (he an)		stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF		
he ta	=	(6)	<u> </u>	
INER: This certificate shauld be executed within 24 hours after death the certificate, writing the ward "pending" in pendil in Trem, 18. Give Page shauld be farwarded to the Chief Medical Examines, Office along with files. 3 shauld be used as a burial-transit permit. File pages land 2 with the Standian, or removal, and in any event within 72 haurs after death.	×	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)		
certification write arwar arwar used used imova	CERTIFICATION	19o. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?	-1-1
his ate,	RTIFI		YES 🗌	NO 🔀
INER: This e certificate should be fiftes. 3 should be continued to the co	AL CE	21a. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING 12b. TIME OF INJURY Month, Doy, Year HOUR A.M. 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item	n 18.)	
NER NER shau shau shau sho sho sho sho sho sho sho sho sho sho	MEDICAL	CAUSE OF DEATH P.M. 19		
bical Examiner: se execute the certi ctar. Page 4 shauld ned far your files. ECTOR: Page 3 shaul		21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, while while at work at w	County	State
DEPUTY DICAL EXAM ressary, please execute the funeral director. Page 4 may be retained for your FUNERAL DIRECTOR: Page salth prior to burial, cren	5		1:	
CAL exe d fo TOF	7	22a. I certify that I taak charge af the remains described abave, held an Autapsy, Inspection 🔼, Inquiry, death resulted from: Natival causes/🔀, Acadent, Suicide, Homicide, Undetermined manner	_ '	apınıan
please e I director retained I DIRECT		CHIEF MEDICAL EXAMINER		
ITY please erol direct be retain prior to		ACTUAL SIGNATURE MD ASSISTANT MEDICAL EXAMINER 22b. DATE SI	GNED	
Sary, innero		STORATORE MILU.	3-10-69	
O DEPUTY DICA necessary, please est the funerol directar. 5 may be retained O FUNERAL DIRECTO Health prior to bur		NAME (Type) John Kehoe MD Riverdale, Md. ADDRESS(Street, city, town, or county)		
TO DEPU' necessar the fune 5 moy b TO FUNER Health	23a	=REMOVAL (SnarityV) =	Caunty) (Sta	te)
	_		Md.	
VR A15ME (5)	24.	FUNERAL DIRECTOR Natley's Funeral appress Mt Rainlens, resp by registrar and Home Inc.	inatura dae	
10M REV. 1/68		DATE	Marie	
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	4 24			CEASED-NAME	First		Middle		Lost	20	DATE OF D	EATH		2b. HOUR
	r deoth.		(1	ype or print)	ITA		•	D	OMED		f 1-	Month Dg	, Y1969	
	r d	10	3. SE		4. R	ACF	S	В	OYER S. DATE OF BIR	IN IN	March	5. AGE (In years		9:00 H
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	5 F 3 E			Female	1 1 44	Whi	te			3, 1895		77.3 YRS.		
	hours hours	744	/o. b	IRTHPLACE (Stote or foreign		IZEN OF WHA		8. MARRIED	NEVER MARR	1ED 9. CC	UNTY OF D	EATH		
	e executed within 24 in and completely filled in remove corbon paper in any event, within 72			Marylar	d	U.S. 4		WIDOWED		ED 🗌	Princ	e George	9	Md.
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	ecuted within 24 completely filled ove corbon paper y event, within 7		13o.	USUAL RESIDENCE (Where of	eceosed lived	d, if institution	n: Residence before	13c. CITY OR		Id. INSIDE CITY LIMITS?	13e. STRE	ET AND NUMBER	OWILI	101116
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	ny xec	6	14. F.	ATHER'S NAME First	- 14	Middle	Lost		S. MOTHER'S MAII	DENI NA AAE Firet	1200	Middle	Jou Roac	
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	at the death ce the ottending past to be the sit permit. The			18. CAUSE OF DEATH (Ent PART I. DEATH WAS (er only one o	couse per line	for (o), (b), ond (c).)					BETWEEN ONS	IE INTERVAL IT AND DEATH
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	d find of t	20	MEDICAL	If either, notify medical e	xominer)	P.M.	19							
	OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death be retained by the haspital or attending physician. **IRECTOR: After this certificate has been signed by the oftending physician and completely filled in by the funeral e.3 should be detached for use as the burial-transit permit. Then places remove corban papers. Bees I and 2 set with the State Dept. of Health prior to burial, cremation, ar removal, and in any event, within 72 hours ditter death			21d. INJURY OCCURRED	21e. PLACE (OF INJURY (AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.	TORY,) 21f. LC	CATION Street	or R.F.D. No.	City or	Town	County	Stote
	he this this leto			While Not while of work		,,	STITLE BOILDING, ETC.							Md. USINESS OR Home Lost Cott enue TEINTERVAL TAND DEATH VYS Stote () (we) last nd fram the
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	ERA ERA d be			NAME (Type)	nn Kel	hoe. N	M. D.		River	rdale Ro	ad R	iverdale	, Md.	
	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires the Page 4 may be retained by the haspital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached for use as the burial-tron should be filed with the Stote Dept. of Health prior to burial, cre		23o.	BURIAL CREMATION	23b. DATE		23c. NAME OF	CEMETERY OR	EREMATORY	23d	LOCATION	(City or Town)	(County)	(Stote)
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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04295 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. Month 1. DECEASED-NAME First Middle 2g. DATE KNOWNT (Type or Print) ESTI-OF Page Robert Lee Brown d. DEATH MATED IF UNDER 1 YEAR IF UNDER 24 HRS. and 2 with the State Department 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years DATE PRONOUNCED DEAD 29. HOUR 14 Feb 1913 M W Doy 69 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED ANEVER MARRIED 9. COUNTY OF DEATH Give Pages 1farm Prince George WIDOWED DIVORCED [USA Georgia 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR during mest-of-werking life, even if retired.) UNDUSTRY Cheverly give street address) Prince George Office alang 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? death. 13e. STREET AND NUMBER 13b. COUNTY Prince G orge Forestville 72 NO Item 18. Penna Ave. ofter 14. FATHER'S NAME 1S. MOTHER'S MAIDEN NAME NOWN UNKNOWN .= the Chief Medical Examiner's hours 17. INFORMANT 16b. SOCIAL SECURITY NO be executed within "pending" in pending Brown (Yes, no, or unknown) (If yes give war or dates of service) Pennsylvania Ave. S.E. Wash. D.C. 20023 within 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH Heart failure PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Arteriosclerotic heart disease over 2 yrs. Conditions, if any, which gave rise ta immediate cause (a), shauld writing the word DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse ,⊆ PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 0 Diabetes mellitus over 2 yrs. pasa CERTIFICATION 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? please execute the certificate, YES 🗔 NO PQ JD 21g. EXTERNAL CAUSE WAS 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 21b. TIME OF INJURY Month, Doy, Year 3 should PRIMARY OR CONTRIBUTING HOUR A.M. cremotian, CAUSE OF DEATH 21e. PLACE OF INJURY (At home, form, street, 21d. INJURY OCCURRED 21f. LOCATION Street or R.F.D. No. City or Town County State factory, office building, etc.) FUNERAL DIRECTOR: Page WHILE AT WORK AT WORK burial, 22a. I certify that I taak charge of the remains described above, held an Autopsy ... Inspection 7 Inquiry 3 and in my apinian death resulted fram: Natural causes 2 Suicide Hamicide Undetermined manner Accident CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE ohn Kehoel M DEPUTY MEDICAL EXAMINER Z **EXAMINER'S** 5 may TO FUNE Health Riverdale ADDRESS(Street, city, tawn, or caunty) NAME (Type) 23g. BURIAL CREMATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) REMOVAL (Specify) Burial 3/3/69 Washington National Washington. D. C. 24. FUNERAL DIRECTO 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE Robert Wilhelm Funeral Home 4308 Suitland Rd., Fs.E., Washington, D.C. 20023 DATE VR A15ME (5) 10M REV. 1/68

MARYLAND STATE DEPARTMENT OF HEALTH

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A DESCRIPTION OF THE PROPERTY 30843 . m. of fived facility allements of the property of the second enzon ind . Address of the contract of t the contract of the standard o the state of the s TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon papers, Pages 1 and 2 shauld be filed with the State Dept. at Health priar to burial, crematian, ar remaval, and in any event, within 72 haurs after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

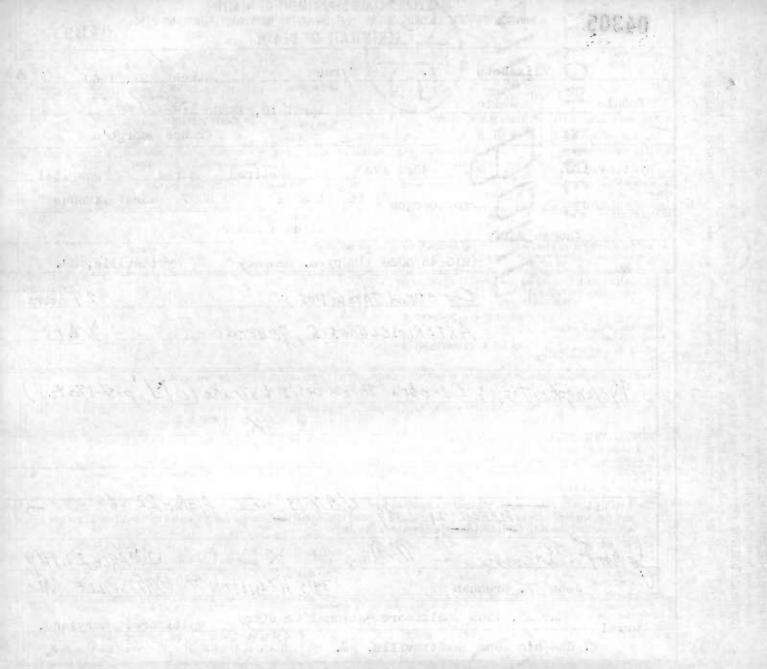
Page 4 may be retained by the haspital ar attending physician.

04305

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

					PICELLE	CALL OF DEA	4111					
	SED-NAME	First		Middle		Lost	20	D. DATE OF				2b. HOUR
(Type	or print)	Elizab	eth	E.		Byrne	- 1	Ma	Month	- /	1969	712 A. A
3. SEX		4. RACE			4.20	S. DATE OF BIRTH			6. AGE (In	years	IF UNDER 1 YEAR	IF UNOER 24 HRS.
1	female	wh	ite			April	10 10	389	lost birth	ndoy)	MONTHS DAYS	HOURS MIN
7o. BIRTI	HPLACE (Stote or foreign	7b. CITIZEN	OF WHAT	COUNTRY?	8. MARRIE	D NEVER MARRIED		DUNTY OF	DEATH	110.1		
country)	Pa	U	SA		WIDOWE	D X DIVORCED		Pr.	ince	Georg	e's	Md
	OR TOWN OF DEATH		11. NAME	OF HOSPITAL OR INS	I) NOITUTITE		o. USUAL OC oring most of				12b. KIND OF	F BUSINESS OR
	yattsville,			7 ^{ddress)} 43rd	ave		etire		Nurse		Hospi	ital
	IAL RESIDENCE (Where d	eceosed lived, if 13b. CO		Residence before	Hara 4	or TOWN 13d. INS	IDE CITY LIMITS?	13e. STR	REET AND N		1140	THE STATE OF THE S
14 CATU	Md			o George	Silyat			000	07	43rs	avenu	
14. FAIH	ER'S NAME First	omas Duf	iddle fv	Lost		1s. MOTHER'S MAIDEN Ellen		er		Middle		Lost
	S DECEASED EVER IN U.S	. ARMED FORCES?	? 16b	. SOCIAL SECURITY	NO. 17	. INFORMANT				Address		
Yes, r	no, or unknown) (If ye	s give war or dates of se	2	13 48 50	26	Mary E. De	mpsey		Ilya	ttsvi	lle, Mo	d.
18.	CAUSE OF DEATH (Ent	er only one couse	per line fo	or (o), (b), and (c).) ,					X The same	APPROXI	IMATE INTERVAL ONSET AND DEATH
	PART I. DEATH WAS C	AUSED BY: MEDIATE CAUSE (o		erebra		rom posis					0 11	hours
14	+339			CONSEQUENCE OF	, ,,,,			4.5				7007
	nditions, if ony, which g	ove)	4		SILIZ	Rosis, 9	ohom	4/			You	20
	e to immediate couse ting the underlying co		D. OR AS A	CONSEQUENCE OF	3000	19	20161	Jr L			100	/
losi		026	(c)									
PA	RT 2. OTHER SIGNIFICAN	T CONDITIONS CO	NTRIBUTING	TO DEATH BUT NO	OT RELATED	TO THE TERMINAL DISEA	ASE QR CONDI	TION GIVEN	I IN PART I	(0)		
- 1	Typlonen	hritis	. 5 6			rom besis			1010	1,00	57-5Ta	tus)
CERTIFICATION 061	DATE OF OPERATION	19b. CONDITION	OR WHICH C	PERATION WAS PE	RFORMED	20a. AUTOPSY?		20b. IF	YES, WERE	FINDINGS CO	ONSIDERED IN C	CERTIFYING
I I						YES 🗍	NO NO	CAUSES	OF DEATH?			
	. ACCIDENT WAS UNDE		TIME OF INJ	URY	21c.	HOW INJURY OCCURRED	(Enter notu	re of injury	y in Port 1	or Port 2, 1	tem 18.)	
	OR CONTRIBUTING CAUSE C either, notify medical e		R A.M. M P.M.	onth Doy Yeor			`		,		100 000	
210				IOME, FARM, STREET, FAC		LOCATION Street or R.	F.D. No.	City	or Town		County	State
Wh lat w	THO THE PERSON		OFFI	CE BUILDING, ETC.	-/						,	
	a. I certify that (I)	(this hospita	() attende	ed the decense	d from	UAN 15	1968	to M	ARCH	22 19	69 that	+ (1) (mm) lac
	saw the decease	d alive an	ARCH	2/_1	967 a	nd that in (my) (a	n) opinian	death a	ccurred	on the dat	te and haur	and fram the
	sauses stated at	pave, (I) (we)	(did) (did	not) view the	bady afte	r death.						
22b	Signature F	Brown	MAN	2 1	7. D. DE	GREE PHYS.	MED.	or \square	STAFF PHYS. [22c. D	OATE SIGNED	19/9
2 % d	PHYSICIAN'S	21.16144	1:920	11		22e. ADDRESS) .	OK	C/ //	- 17/1/	1011 -	11/0/
	NAME (Type) Joi	n F. B	renna	n Jr		3415 H	AMILT	TON ?	1-, 14	19775	VILLE,	MD
		23b. DATE dar 25,	1060	23c. NAME OF	CEMETERY C	R CREMATORY	23d	LOCATION	N (City or T	own)	(County)	(Stote)
I	Burial ERAL DIRECTOR	101 20,	1909		T.e				altim		Maryla	and.
24. FUN		asch's S	ons	ADDRESS Hyattsvi	110	Mcl 250	REC'D BY REC	ISTRAP 6	Q 2Sb. R	EGISTRAR'S	SIGNATURÉ	11 197
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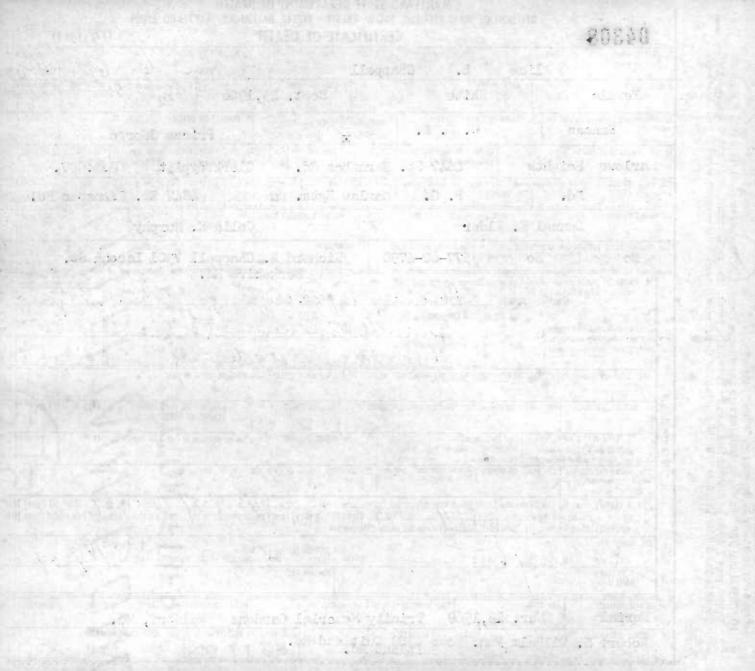


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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 04300 1. DECEASED-NAME Last Middle 2a. DATE OF DEATH be executed within 24 hours after death Funeral I and (Type ar print) Month 10 Day Alice L. Chappell IF UNDER 1 YEAR 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years please remave carban papers. Pages I, and in any event, within 72 haurs after Female White Sept. 25,1906 MONTHS ! HOURS 7b. CITIZEN OF WHAT COUNTRY?
U. S. A. the attending physician and campletely filled in by sit permit. They please remave carban papers. 9 COUNTY OF DEATH 7o. BIRTHPLACE (Stote or foreign country) Kansas 8. MARRIED NEVER MARRIED Prince George WIDOWED TO DIVORCED | 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 10 CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR give street address) during most of working life even if retired.) Marlowe Heights Barnabas Rd. 13o. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER admission) STATE Marlow Hgts YES NO Md. 13b. COUNTY P. G. 4847 St. Barnabas Rd. 14. FATHER'S NAME IS. MOTHER'S MAIDEN NAME First Middle Samuel E. Elder Celia K. Murphy requires that the death certificate 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Yes, nd Janunknawn) (If yes give while dates of service) 577-60-4798 Richard E. Chappell 7301 Lacona St. burial, crematian, ar remaval, Berkshire Md. APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave signed by the burial-transit p rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 shauld be detached far use as the burial-transhauld be filed with the State Dept. of Health priar to burial, crer stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH OUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19g, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? CAUSES OF DEATH? YES 🔲 NO 🗌 21a. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 ar Part 2, Item 18.) 21b. TIME OF INJURY or contributing cause of DEATH (If either, notify medical examiner) HOUR A.M. Manth Day Year 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County While Nat while of work 22a. I certify that (I) (this hospital) attended the deceased from 1965, to 3/10, 1967, that (I) (we) last sow the deceased olive on 1969, and thot in (my) (ear) opinion death occurred on the date and hour and from the causes stoted above, (1) (we) (did) (did not) view the body ofter death. 22b. SIGNATURE 22c. DATE SIGNED DEGREE DIRECTOR 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE (County) 23o. BURIAL, CREMATION, REMOVAS (Spelify) Mar. 13,1969 Trinity Memopial Gardens Waldorf, Md. ROZSa. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Wilhelm Fun. Home 30M REV. 1468 Ochonder Indas.

MAKTLAND STATE DEPAKIMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 0 4 3 0 1 CERTIFICATE OF DEATH 2b. HOUR P the funeral ages I and 2 s affer death. 1. DECEASED-NAME First Middle Lost 2g. DATE OF DEATH sertificate be executed within 24 haurs after death. (Type or print) George Month M Clinedinst 1969 March 4 RACE 3 SEX 5. DATE OF BIRTH IF UNDER 24 HRS 6. AGE (In years IF UNDER 1 YEAR last birthday) July 12, 1912 White male ician and campletely filled in by the lease remave carban papers. Pagandin any event, within 72 hours 7o, BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED X NEVER MARRIED country) U.S.A WIDOWED DIVORCED Prince George's campletely filled 120, USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR give street oddress) Pro George's Hospt during most of working life, even if retired.) INDUSTRY Cheverly Railroad 13o. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATE 13b. COUNTY Pro George's Greenbelt 54 C Ridge Road Md and 14. FATHER'S NAME Middle Lost 1S. MOTHER'S MAIDEN NAME First Middle Lost Michael R Clinedinst Janette Mantz 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Address Yes, no. or unknown) (If yes give war or dates of service) 577 05 1918 Charlotte R Clinedinst Greenbelt, Md. burial, crematian, ar remaval. APPROXIMATE INTERVAL 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: BETWEEN ONSET AND DEATH attendin wemia IMMEDIATE CAUSE (o) DUE TO. OR AS A CONSEQUENCE OF Conditions, if ony, which gave) rise to immediate cause (a). DUE TO. OR AS A CONSEQUENCE OF **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be retained by the haspital or attending physician. stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED, TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) TO FUNERAL DIRECTOR: After this certificate has been directar, page 3 shauld be detached far use as the shauld be filed with the State Dept. af Health priar to LIDOMA (1) 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [NO 🗍 21a. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year P.M. (If either, notify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County State While Not while at work causes stated above, (1) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE. DEGREE DIRECTOR 22d. PHYSTCIAN'S 22e. ADDRESS N. Tablin NAME (Type) Silver Spr 23o. BURIAL CREMATION. 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) REMOVAL (Specify) Edinburg Cedarwood Cemetery Mar 30, 1969 F. Gasch's Sons Hyattsville, Md. 24 FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) 1969 Ochanlas Coulal 45M - 1/69

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FOR STATE	04310			CERTIFICATE OF	DEATH	04302
HEALTH DEPT.	1. DECEASED-NAME (Type or Print)	First Bruce	Middle Edwin	Cooper	OF FETT	Month Doy Yeor 2b. HOUR 3 21 1969 564
ny delay is 2, and 3 to PM3: Page	3. SEX 4. RA		ec 1956 6. AGE (In y	OD) MONTHS DAYS HO	UNOER 24 HRS. 2c. DATE PRONOUNCED D	EAD 2d. HOUR 6:12
	7a. BIRTHPLACE (State or fo	oreign 7b. CITIZEN OF W	HAT COUNTRY? 8.	MARRIED NEVER MARRIED	9. COUNTY OF DEATH	
farm farm te D	country) Maryl	and USA		WIDOWED DIVORCED	_ 111100 00018	
Give Poges ong with fail	10. CITY OR TOWN OF DEAT	H 11. f	NAME OF HOSPITAL OR INSTITU street oddress)	JTION (If not in hospitol	20. USUAL OCCUPATION (Kind of work luring most of working life, even if ret	done 12b. KIND OF BUSINESS OR INDUSTRY
the the	Cheverly	Pr	street oddress) ince Georges tution: Residence before 13c.	General Isa INSI	Student E CITY LIMITS? 13e. STREET AND NUMBER	
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24 hours in Item r's Office es Iond 2 urs offer	THE TAITER O THAIRE	First Middl	e Lost	1S. MOTHER'S MAIDEN N		Lost
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thin 24 ancil in miner's pages hours	(Yes, no, or unknown)	(If yes give war or dates of service)				2-
be executed wit "pending" in pe nief Medical Exar ansit permit. File event within 72	No CAUSE OF DEAT	No	none	Unaries L.	Cooper, see blk# 1	APPROXIMATE INTERVAL
urted ical inthiir	PART I. DEATH	H (Enter only one couse per WAS CAUSED BY:	tine for (o), (b), ond (c).)	Laceration o	of hrain	BETWEEN ONSET AND DEATH
mdin Med per per	884	IMMEDIATE CAUSE (o)	R AS A CONSEQUENCE OF	Laceración)I DIGILI	
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should be executed wire with word "pending" in performed to the Chief Medical Exarpurial-transit permit. File in ony event within 72	lost.	(c)		Fall from tr	ee	
ficote ing th ded ded as a I, and		ICANT CONDITIONS CONTRIBU	TING TO DEATH BUT NOT REL	ATED TO THE TERMINAL DISEAS	E OR CONDITION GIVEN IN PART 1(o)	
INER: This certificate, writ should be forwar files. 3 should be used action, at remova	190. DATE OF OPERAT	ION	19b. CONDITION FOR WHICH WAS PERFORMED?	OPERATION		20. AUTOPSY?
AL EXAMINER: This execute the certificate, or. Page 4 should be for your files. TOR: Page 3 should be uriol, cremation, as ver	210. EXTERNAL CAUSE	MAR TIME O	F INJURY Month, Doy, Yeor	Total HOW INTERPLOYEE	ED (Enter noture of injury in Port 1 or P	YES NO TE
rtific uld buld n, a		TRIBUTING HOUR	0.00m 3 21 1969		om tree	on 2, nem 10.)
INER: e cert shoul files. 3 shou	PRIMARY OR CONT CAUSE OF DEATH 21d. INJURY OCCURRE	D 21e. PLACE OF INJURY	(At home, form, street,	21f. LOCATION Street or R.F		County State
bical Examiner: se execute the certicor. Page 4 should ned for your files. ECTOR: Page 3 shoul buriol, cremation,		foctory, office buildi	ing, etc.)	6603 96 0t 1		P.G. Md.
L EXA Lecute Page For you For			the remains described a	bove, held an Autapsy		iry 🔼, and in my apinia
ICAL E executor. Paged for CTOR: Puriol,	death resulte			Suicide , Ha		- Name
pleose I directo retoined I DIREC		00	70/	7	DICAL EXAMINER	
TY, pleose rail direct to prior to	ACTUAL SIGNATURE	John	2/ lete		I MEDICAL EXAMINER	b. DATE SIGNED
necessory, please execute the the funeral director. Page 4 5 may be retoined for your TO FUNERAL DIRECTOR: Page Health, prior to buriol, crem	EXAMINER'S	John Kehoe,	M.D., Rivero		MEDICAL EXAMINER 🔀	3-23-69
O DEPUT necessory the fune 5 may b O FUNER Health	NAME (Type)	22h DAYE	DO. NAME OF COM	TERY OR CREMATORY	(Street, city, town, or county)	(County) (Stota)
07 5 4 5 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	23o. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE			23d. LOCATION (City or Town)	
	Burial 24. FUNERAL DIRECTOR.	March 24,] Of Robert 0	9691 Geo. W	ashington Cem	REC'D BY REGISTRAD 00 25b REGIS	WRAR'S SIGNATURE
VR A15ME (5)	Lannam F. B	olis Rd. Lank	a. Deall	Chesty Pro DAT	PRECIDENT PROPERTY OF A PERSON	with frage
TOM REV. 1708	AOTO VIIIISDO	TTO MA TONIE	idill's Fild File	- W I		~

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1	04311	DIVISION OF VITAL RECORD		ATE OF DEATH	IMORE, MARTLAND 21201	0430	
	DECEASED-NAME Firs (Type or print) Leon	Howard	Crafit	Last	20. DATE OF DEATH March 1/8-1/9 1968	Y Yeor	2b. HOUR 9:05P
3. 5	Male Male	4. RACE White		S. DATE OF BIRTH	6. AGE (In years last birthday) 7. 7. YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN
	BIRTHPLACE (Stote or foreign untry) Maryland	7b. CITIZEN OF WHAT COUNTRY? USA	8. MARRIED WIDOWED	☐ NEVER MARRIED ☐	9. COUNTY OF DEATH Prince George		Mo
10.	Cheverly	11. NAME OF HOSPITAL OR give street oddress)		during m	AL OCCUPATION (Kind of work done ost of working life, even if retired) a Peraction's Executi	12b. KIND OF E INDUSTRY Ve-Truc	BUSINESS OR king Co
adr	mission) STATE	prince Ge osed live, if institution: Residence before 1300 COUNT line		TOWN 13d. INSIDE CITY L		No.co	
14.	FATHER'S NAME First William		C	MOTHERS MAIDEN NAME F	irst Middle Wi	Roa llin	.a _{Lost}
16	a. WAS DECEASED EVER IN U.S. AF Yes, no obushnown) (If yes give	RMED FORCES? Wannor defense for service) 16b. SOCIAL SECURIT 213-03-9		ma Craft	sames		
	PART I. DEATH WAS CAUS IMMED Conditions, if any, which gove rise to immediate cause (a) stoting the underlying cause	DUE TO, OR AS A CONSEQUENCE (b) Coronar	ular 9.	tand still. bosin + Acu	6 myo cardial mife	BETWEEN ON	NATE INTERVAL
NO		(c) (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	NOT RELATED TO	THE TERMINAL DISEASE OR	CONDITION GIVEN IN PART 1(a)		DTIFULIO.
CERTIFICATION	190. DATE OF OPERATION 191	o. CONDITION FOR WHICH OPERATION WAS		20a. AUTOPSY? YES NO			KIIFYING
MEDICAL CE	OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. Manth Day Yeniner) P.M.	ar 19		r noture af injury in Port 1 or Part 2,	Item 18.)	
W	While Nat while at work	B. PLACE OF INJURY (AT HOME, FARM, STREET, OFFICE BUILDING, ETC.	- Water	OCATION Street or R.F.D. No		County	State
	22a. I certify that (I) (t saw the deceased causes stated above	his hospital) attended the dece alive an Mak 18 ve, (1) (we) (did) (did nat) view th	ased fram A 1964, an ne bady after	d that in (my) (aur) api death.			(I) (we) las and fram the
	22b. SIGNATURE	dan	DEGF	REE PHYS.	AED. STAFF 22c.	DATE SIGNED 2R. 18,19	169
	22d. PHYSICIAN'S NAME (Type)S.V. N				orge Hosp Chever		
	REMOVAL (specify) Ma	arch 22,1969 Hill	OF CEMETERY OR	emetery	23d. LOCATION (City or Town) Federalsburg.	(County) Marylar	(Stote)
24	JJ. Framatorn & S	on Fadoralsburg W	laryland	DATEMAF	R 2 4 1969 REGISTRAR'S	rea Isa	eac.

MAKTLANU STATE DEPAKTMENT OF HEALTH

Prince Carrie Score Mayardy M.

OUTTO

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MAKTLAND STATE DEPAKIMENT OF HEALTH

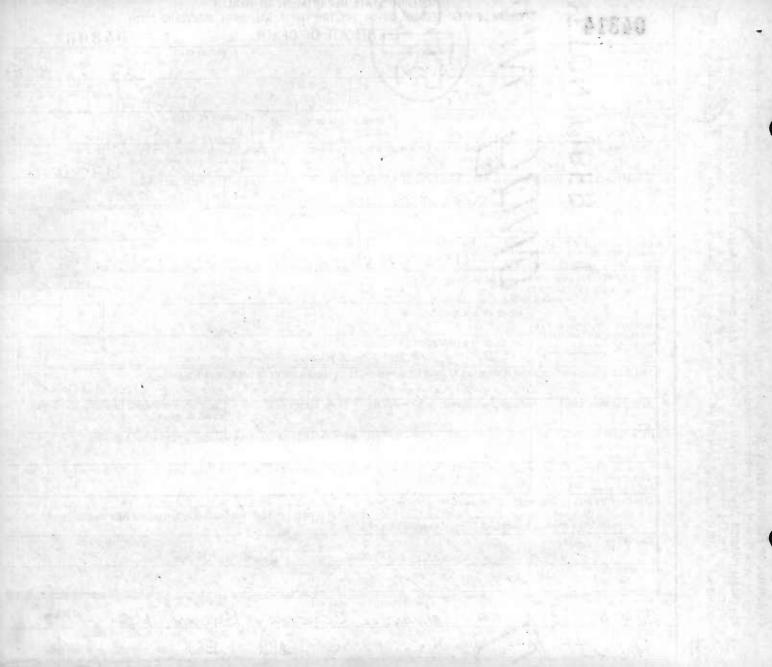
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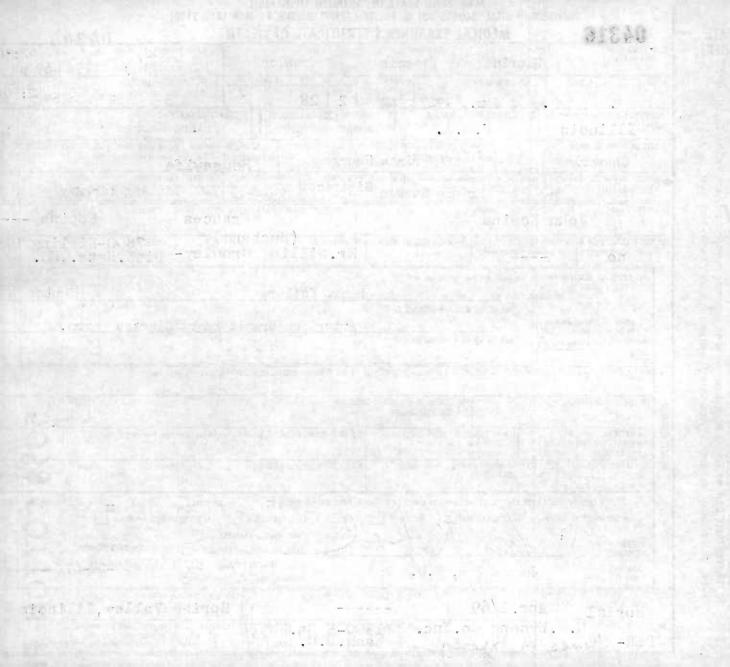
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210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part L or Part 2 Item IR)	
216. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part I or Part 2, Item 1B.)	
Contributing Cause of Death HOUR A.M. Manth Oay Year Contributing Cause of Death HOUR A.M. Manth Oay Year 19 Cause of Death Cause of Death 19 Ca	
21b. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Oay Year [If either, notify medical exominer] 21d. INJURY OCCURRED At work At Home, FARM, STREET, FACTORY.) 21d. INJURY OCCURRED At work At Home, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County	Stote
While Not while at work at wark	
22a. I certify that (I) (this hospital) attended the deceased from 1909, to 1997, that (I) (v	ve) last
22a. I certify that (I) (this hospital) attended the deceased from 19 and that in (my) (aur) opinion death accurred on the date and hour and from causes stated obave, (I) (we) (did) (did nat) view the body after death.	om the
TA S S SIGNATURE 226.	
226. SIGNATURE OF LEGICAL ATTENDING MED STAFF PHYS. 22c. DATE SIGNED PHYS. 3/28/69	?
22d. PHYSICIAN'S 22d. ADDRESS 2	
THE STAFF OF	
23a. BURIAL, (REMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d_LOCATION (City or Town), (County) (Stot	e)
20 2 5 BURSPELL 3-31-69 IMMANUEL CEMETERY BADEN, P.G., MD	
24. FUNERAL DIRECTOR / FUNERAL DIRECTOR / ADDRESS) 250. RECO BY REGISTRAR 256. REGISTRAR'S SIGNATURE	-1111
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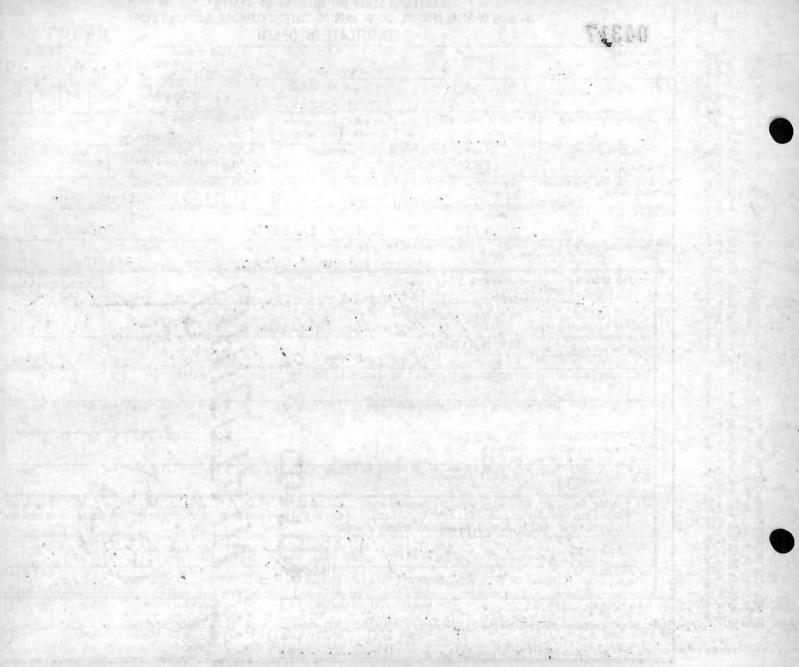


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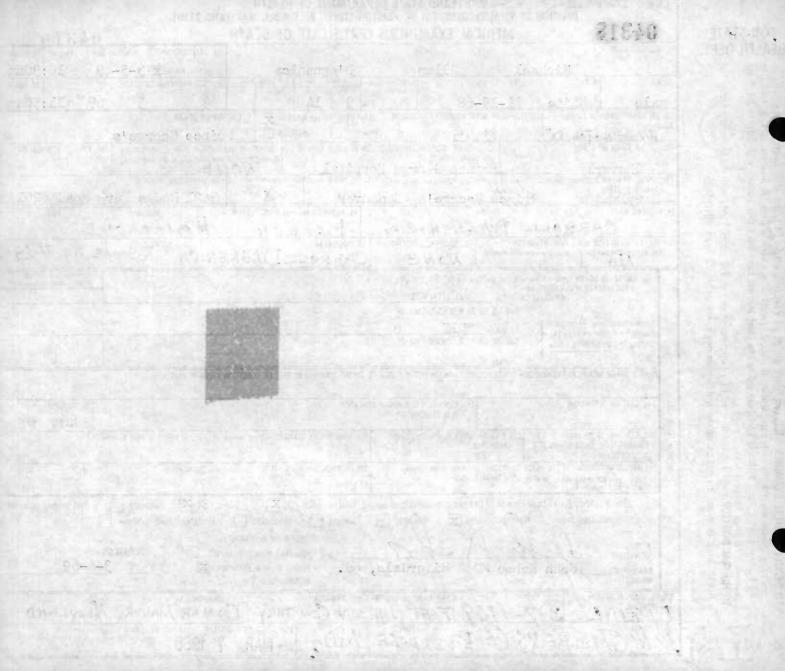
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d within 24 in pencil in Examiner's File pages in 72 hours		(If yes	ED FORCES? give war ar dates of service)	16b. SOCIAL SECURITY	NO. 17. INFOR		sband) n Crowle	addresy Dist	800-Kit.Hgts	pling Pk
ecuted ving" in edical Ex		18. CAUSE OF DEATH (Enter PART I. DEATH WAS CAL	JSED BY: DIATE CAUSE (a)		Hear	t failur	e		BETY	PPROXIMATE INTERVAL MEEN ONSET AND DEATH inutes
INER: This certificate shauld be executed within 24 hours after death to certificate, writing the ward "pending" in pencil in Item 18. Give Page should be farwarded to the Chief Medical Examiner; Office along with files. 3 should be used as a burial-transit permit. File pages 1 and 2 with the Station, or removal, and in any event within 72 hours offer death.		Conditions, if any, which gav rise to immediate cause (a stating the underlying caus last.	e (b)	AS A CONSEQUENCE O	Art	erioscle	rotic hea	rt disea	se yr	5
ficate s ing the rded ta as a b as a b	7	PART 2. OTHER SIGNIFICANT CO	INDITIONS CONTRIBUT	ING TO DEATH BUT NO	RELATED TO THE	TERMINAL DISEASE	OR CONDITION GIVE	N IN PART 1(o)		
nis certificate the, writing the farwarded to see used as a breemayal, and	CERTIFICATION	19a. DATE OF OPERATION		19b. CONDITION FOR 1 WAS PERFORMED					20.	AUTOPSY? YES NO
MINER: This certificate should the certificate, writing the ward 4 should be farwarded to the Christiles. e 3 should be used as a burial-transmation, ar remayal, and in any	MEDICAL CER	210. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTIN CAUSE OF DEATH			or 21c. HOW	INJURY OCCURRED	(Enter nature of in	jury in Part 1 or Pa	ort 2, Item 18.)	
L EXAMIN vecute the Page 4 sh for your fill 7R: Page 3 s	ME	21d. INJURY OCCURRED 21 WHILE NOT WHILE AT WORK AT WORK	e. PLACE OF INJURY (factory, office buildin	At home, form, street, g, etc.)	21f. LOCA	TION Street or R.F.D). No. (City ar Town	County	State
please ey la director. retained		220. I certify that death resulted fram ACTUAL SIGNATURE EXAMINER'S		ses Accider	/ —	de, Ham CHIEF MEDI M.D. ASSISTANT DEPUTY ME	nicide [], Un ICAL EXAMINER [MEDICAL EXAMINER DICAL EXAMINER [determined ma		d in my opinion
TO DEPUTY necessary, the funera 5 may be TO FUNERAI Health pr	230	BURIAL, CREMATION, 2 *REMOVAL (Specify) Burial	3b. DATE Apr. 1/69	23c. NAME OF	CEMETERY OR CRE			caunty) 10N (City or Tawn) ing Val	(Caunty)	(Stote)
VR A15ME (5)	24.		Hysong C	o.Inc. ADDR	1300-1 Wash	St. HW	REC'D BY REGISTRAR	2Sb. REGIS	TRAR'S SIGNATUR	
10M REV. 1/68	_	comes	M. INC	ong		DATE			0	March division



1		•	MARYLANI DIVISION OF VITAL RECORDS,	D STATE DEPARTMENT O		
4		04317		ERTIFICATE OF DEAT		04309
# 7 ± ±		ECEASED-NAME First Type or print)	Middle	Lost	20. DATE OF DEATH	2b. HOUR
deo ond deo		Ann Ann	M	Crump	March Month 29 Day	1969 7 A M
after the fu ages 1	3. S	x Female	4. RACE White	S. DATE OF BIRTH April 24	6. AGE (In years dast birthday)	IF UNDER 1 YEAR IE UNDER 24 HRS. MONTHS DAYS HOURS MIN.
be executed within 24 hours after death. The completely filled in by the funeral eremove carban papers. Pages 1 and 2 din ony event, within 72 hours after death.	cou	BIRTHPLACE (Stote or foreign otry) EW YORK	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED DIVORCED D	9. COUNTY OF DEATH Prince George	Md.
within 2	10.	OWIE	11. NAME OF HOSPITAL OR INS give street oddress) 12409 Sea.b	ITUTION (If not in hospitol 120. ury Lane H	USUAL OCCUPATION (Kind af wark dane ng most of working life, even if retired.) WITE	12b. KIND OF BUSINESS OR INDUSTRY
omplete event,	130.		sed lived, if institution: Residence before	Bowle 13d. INSIGE	NO□ 12409 Seabu	ry Lane
ond or remo	14.	FATHER'S NAME First John F	Middle Last	15. MOTHER'S MAIDEN NA Elizabe		lost McKenna
physicion can please please lovol, ond in	16a.	WAS DECEASED EVER IN U.S. ARA		O. 17. INFORMANT	Address rump Same as 13	ARCDE
equires that the deoth c physicion. signed by the ottending buriol-transit permit. If buriol, cremotion, or rem	N.	PART 1. DEATH WAS CAUSE IMMEDIA Conditions, if ony, which gave rise to immediate cause (a), stating the <u>underlying cause</u> last.	DUE TO, OR AS A CONSEQUENCE OF	remia slatic carcinon ceroma of	n liver, aldonen Roturn	APPROXIMATE INTERVAL BETWEEN ONSET AND BEATH I WEEK I YEAR SYEARS.
N: The low or ottendiate has been ruse os the ealth prior	CERTIFICATION	21a. ACCIDENT WAS UNDERLYIN		YES N	20b. IF YES, WERE FINDINGS C CAUSES OF DEATH? (Enter nature of injury in Port 1 or Part 2,	
Page 4 moy be retained by the hospitol or ottending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use os the should be filed with the State Dept. of Health prior to	MEDICAL	OR CONTRIBUTING CAUSE OF DEAT (If either, notify medical examination of the committee of th		ORY.) 21f. LOCATION Street or R.F.C	D. No. City or Town	County State
TENDING ined by t DR: After ould be c		22o. I certify that (I) (the saw the deceased a	his haspital) attended the decease alive on1 re, (1) (we) (did) (did not) view the b	d from	19_69, to_26 / 100, 19 opinion deoth occurred on the do	69, that (I) (we) lost te and hour ond from the
moy be retained RAL DIRECTOR: A Ral birector of the filed with the		22d. PHYSICIAN'S NAME (Type) Tho	omas G. Maloney	DEGREE PHYS. 22e ADDRESS 7	MED. STAFF 222c. DIRECTOR D PHYS. D 22c. Lst Ave Landover	Hills, Md
TO HOSPITAL Page 4 moy TO FUNERAL I director, pag should be fiil	230 Bt	BURIAL, CREMATION, 23b.	DATE 23c. NAME OF C	EMETERY OR CREMATORY	23d. LOCATION (City or Town) Fort Myer, Va	(County) (State)
VR A15 (4) 30M REV. 1/68	24.	FUNERAL DIRECTOR	nattingly ADDRESS	131 11th 250. REST.S.E. D. GARA	CD BY REGISTRAR 2Sb. REGISTRAR'S	SIGNATURE



1	It	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201		
FOR STATE		04318 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	04310	0
HEALTH DEPT.		ECEASED-NAME First Middle Lost 20. DATE KNOWN Month	Doy Yeor	2b. HOUR
is to of of	,	(Ype or Print) Michael Allen D'Agnenica DEATH MATED \$\frac{1}{2} 3-5-	69 1910	:30am
ny deloy is 2, and 3 to PM3. Poge attment of	3. \$	2. DATE OF BIRTH 6. AGE (in years IF UNDER 1 YEAR IF UNDER 24 HRS. 2c. DATE PRONOUNCED DEAD		2d HOUR
y delc and PM3. P		ale White 11-19-68 - YRS 3 14 3 5	69°01 19 11	50am
	70. cour	BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH		
for J. Mary		WASHINGTON, DC 0.5 WIDOWED Prince George's		N
Pag Pag vith	10. (ITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of work done during most of working life, even if retired.)	12b. KIND OF BUSI INDUSTRY	INESS OR
er d Siive Jg v On the	130	Cheverly Prince George Hospital USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER		
hours ofter Mein 18. G Office olon I and 2 with	0	mission) STATE 136 COUNTY 138 Tandover YES NO 3421 Dodge Pa	nk Road	#201
fice and 2		ATHER'S NAME First Middle Lost IS, MOTHER'S MAIDEN NAME First , Middle	Lost	
24 hours ofter death in Them 18. Give Pages it's. Office along with far es Land 2 with the State irs after death.		CARROLL D'AGNENICA. DOREEN HAMMO		
tin 24 hours ofter de citi in them 18. Give Finither's Office olong with the pages 1 and 2 with the hours after death.		WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	WE AS. T	#15
	()	es, no, osupknown) (If yes give war or dates of service) NONE CARROLL D'AGNENICA. SAI	WE HO,	-13
te should be executed wil the word "pending" in pe 1 to the Chief Medical Exar o buriol-transit permit. File ind in ony event within 72		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)	APPROXIMATE BETWEEN ONSET	INTERVAL AND DEATH
ecut ing" dice		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Unknown		1115
be executed "pending" in nief Medical E nnsit permit. F event within		195 X DUE TO, OR AS A CONSEQUENCE OF	17.00	
l be I'pi Ihiel		Conditions, if ony, which gove is set of immediate couse (o), (b) SDII		-
ould word he (iol-ti		stoting the underlying couse lost. DUE TO, OR AS A CONSEQUENCE OF		
sh to t to t pur pur d in		(t)		
INER: This certificate should be executed e certificate, writing the word "pending" in should be forwarded to the Chief Medical Effles. 3 should be used as a buriol-transit permit. Fotion, or removal, and in any event within		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)		
certifi orword used c	TION	190. DATE OF OPERATION [196. CONDITION FOR WHICH OPERATION	20. AUTOPSY	/?
his ce ate, v e for be us	CERTIFICATION	WAS PERFORMED?	YES 🔀	NO 🗆
		210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Yeor 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, I		
INER: Te certifice should be files. 3 should botton, or notion, or	MEDICAL	PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH P.M. 19		
	ME	21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, factory, office building, etc.) 21f. LOCATION Street or R.F.D. No. (ity or Town	County	Stote
EXAM ecute th Poge 4 or your R: Poge al, crem		WHILE NOT WHILE AT WORK AT WORK AT WORK		
Xeco Xeco For Po for rial,		22a. I certify that I taak charge of the remains described above, held an Autopsy 🔼, Inspection 🔼, Inquiry 🗌	and in m	y apin i ar
Se escription need need by but		death resulted fram: Notural causes 🔀 , Astident 🗌 , Suicide 🔲 , Hamicide 🔲 , Undetermined manner		
Ty bleose y, pleose erol directo be retoined the prior to be the p		ACTUAL CHIEF MEDICAL EXAMINER C		
ny, period		SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER 220. DATE	3-6-69	
D DEPUTY DICA necessary, pleose e. the funerol director 5 may be retained 7 FUNERAL DIRECTOR Health prior to bu		EXAMINER'S NAME (Type) EXAMINER'S NAME (Type) ADDRESS(Street, city, town, or county)	2-0-07	
TO DEPUTY The funer S may be TO FUNERA Health p	230		(County) (Si	tote)
	1	REMORALISMAN / 3-7-1969 FORT LINCOLN CEMETERY COLMAR MANOR.	MARYLA	
	24.	FUNERAL DIRECTOR 250. REC'D BY REGISTRAR 25b. REGISTRAR'S	SIGNATURE	20.
VR A15ME [5]	14	IN PLAMERS (O. RIVERDALE, MID. DATE MAR 7 1969	way freely	



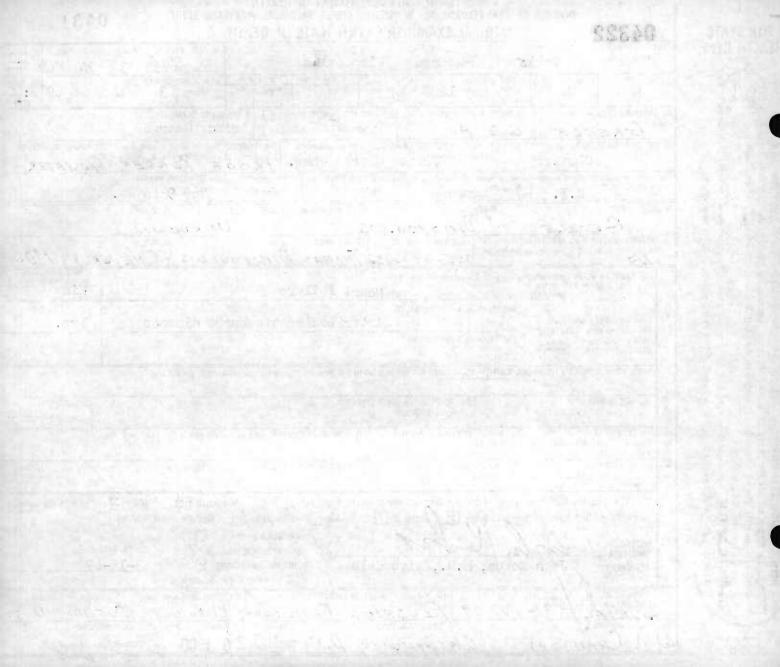
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04312 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. First 1. DECEASED-NAME Middle 2a. DATE KNOWN Month Day Year 2b. HOUR (Type or Print) ESTI-DEATH MATED & 3-14-69 0 PM3. Poge Department of 19 6 30 pm James Andrew DeRovin ny delay 2, ond 3 t 4. RACE 6. AGE (In years IF UNDER 24 HRS 3. SEX 5. DATE OF BIRTH DATE PRONOUNCED DEAD 2d. HOUR 2-5-1947 196:37pm M Male White YRS 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED FX 9. COUNTY OF DEATH glong with farm WIDOWED [DIVORCED [U.SA. Prince George's 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired. give street address) Andrews Air Force Base Hosp. Suitland 130. USUAL RESIDENCE (Where deceased liyed, if institution: Residence before 13c. CITY OR TOWN 13b. COUNTY Muskegan 3278 Black Creek Road YES NO poges tand 2 in Item. should be forwarded to the Chief Medical Examiner's Office ofter 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME First Middle DEROUIN 16b. SOCIAL SECURITY NO. 17. INFORMANT be executed within pencil (Yes, no, or unknown) UNKNOWN MARINE CORP RECORDS ANDREWS. AF. Eie Ei within 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH burial-tronsit permit. PART I. DEATH WAS CAUSED BY: CAUSED BY: IMMEDIATE CAUSE (a) Burns 100% of body surface DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), This certificate shauld writing the word DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause .= PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) be used os 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES K NO 🗍 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Manth, Day, Year PRIMARY NO OR CONTRIBUTING HOUR A.M. JICAL EXAMINER: Burned in fuel truck explosion 6:30 mm 3-14- 1969 CAUSE OF DEATH 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, City or Town County " Stote foctory, office building, etc.) may be retained for yaur FUNERAL DIRECTOR: Page WHILE AT WORK AT WORK Andrews Air Force Base Hospital, Suitland, Prince George Co., Md. 22a. I certify that I taak charge of the remains described above, held an Autopsy Inspection X Inquiry [and in my apinian the funeral director. death resulted fram: Natural causes Accident ... Accident Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY DEPUTY MEDICAL EXAMINER **EXAMINER'S** 5 may ro FUNE Heolth Riverdale, Md. ADDRESS(Street, city, town, or county) NAME (Type) John Kehoe MD 23d, LOCATION (City or Town) 23a. BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY (County) (State) MUSKEGON RECTOR Co 1400 Chaping St 120). 24. FUNERALIDIRECTOR REGISTRAR'S SIGNATURE 2Sa. REC'D BY REGISTRAR VR A15ME (5) 10M REV. 1/68

A PART TO HOUSE COMPANY OF THE PART OF THE

TE	04321 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	4313
EPT.	DECEASED-NAME First Middle Lost 20. DATE KNOWN Month OF ESTI-	
	John Baptista deVasconcellos DEATH MATED 3-30	
	SEX Male S. DATE OF BIRTH O6-24-23 6. AGE (In years lost birthday) 45 YRS. If UNDER 1 YEAR IF UNDER 24 HRS 2c. DATE PRONOUNCED DEAD Month March Oavy Month March Oavy 34	0 Year 1969 11:16
	b. BIRTHPLACE (Stote or foreign untry) Brazil 7b. CITIZEN OF WHAT COUNTRY? Brazil 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH WIDOWED DIVORCED Prince G	eorge's M
10		12b. KIND OF BUSINESS OR INDUSTRY self-employe
13	o USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) STATE Md. Premie Georges Laurel YES NO X 8809 Hunting	
14.	FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle	Lost
	Salomao deVasconcellos Branca	deCarvalha
16		deCarvalho O Virginia Av Washington, I
	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)	APPROXIMATE INTERVAL
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute subdural hematoma	BETWEEN ONSET AND DEATH
	DUE TO, OR AS A CONSEQUENCE OF	
	Conditions, if ony, which gove	
	rise to immediate couse (o). stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
	last.	
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(o)	
-		
CERTIFICATION	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION	20. AUTOPSY?
TIFICA	WAS PERFORMED?	YES NO
MEDICAL CERT		
MED		County State
	AT WORK AT WORK AT WORK home same as #13	a nieu alle
	220. I certify that I took charge of the remains described above, held on Autopsy (X), Inspection (X), Inquiry	, ond in my opinion
	death resulted from: Natural causes . Accident . Suicide . Homicide . Undetermined monner	
	CHIEF MEDICAL EXAMINER	
	ACTUAL 22h DATES	IGNED
	SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER	-31-69
	NAME (Type) John Kehoe MD Riverdale, Md. ADDRESS(Street, city, town, or county)	
2: B1	30. BURIAL, CREMATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY Belo Horizonte, 1 REMOVAL (Specify) 4-8-1969 4. FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAR'S S	Minas Gerais,
2		IGNATURE
J	oseph Gawler's Sons, 5130Wis.Ave, NW, Wash, D.C. DATAPR 7 1999	es judge
	20016, USA	

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The following of			Joseph Gawler's Sone,

MAKYLAND STATE DEPARTMENT OF HEALTH



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	I	temo FilmGhll 4	DIVISION OF VITA	AL RECORDS,	301 W. PRES ERTIFICA	TE OF D	ET, BALTIMOR	E, MARYLAND 21	201	0431	5
	1 06	CEASED-NAME First		Middle	EKTIFICA	Last	EAIN	DATE OF DEATH			2b. HOUR
ath l		me or print)					20.	Manth	24 .	Year	
haursatter death.	3. SEX	Georg	4. RACE	E.		istin DATE OF BIRTH		March	1 15	Yedr 1969 UNDER I YEAR	5:57P
/	3. 3E							6. AGE (In years)	yy) MO	INTHS DAYS	HOURS MIN
	7 0	Male	White	111120110		April 2			YRS.		
	coun	rv)	b. CITIZEN OF WHAT CO	OUNTRY?	8. MARRIED			JNTY OF DEATH			
	U		USA	THOOPIE AN INC	WIDOWED 3	DIVORCE	D USUN OSS	Prince Ge UPATION (Kind of wor	orge 's	5	Mo
1		TY OR TOWN OF DEATH	give street	FHOSPITAL OR INS address) George			during most of	working life, even if r	etired.)	12b. KIND OF BI INDUSTRY	JSINESS OR
1	130.	JSUAL RESIDENCE (Where deceased	d lived, if institution: R	esidence before	13c. CITY OR TO	WN 13d.	, INSIDE CITY LIMITS?	13e. STREET AND NUM	MBER	WO PS	
1	aamii	sian) STATE MD	13b. COUNTY Prince Ge	onge 's	Hyatts	ville Y	ES NO	5716 Sher	idan S	Street	
	14. F.	ATHER'S NAME First	Middle	Lost	1S. M	OTHER'S MAID	EN NAME First		Middle		Last
i,		Charles Edwa	rd Distin			Ce	ecelia		Peck		
d		WAS DECEASED EVER IN U.S. ARME	D FORCES? 16b. or dates of service)	SOCIAL SECURITY N	O. 17. INFO					N.J	
		is, no, of unknown)	O7	4 09 49	94 A Rol	pert E.	Distin	Landove 7102 Alli	son St	l Md.	
		18. CAUSE OF DEATH (Enter only	ane cause per line far	(a), (b), and (c).)	> 1		1			APPROXIMA BETWEEN ONS	SET AND DEATH
		PART I. DEATH WAS CAUSED	BY: E CAUSE (o)	(arky	e as	rask			50	emite
		4109	DUE TO, OR AS A C	ONSEQUENCE OF	n	0-1	20	-	MATERIA	1	-1
		Conditions, if any, which gave rise to immediate cause (a),	(b) (-	drive	Myoca	orlight	Sipar	CI		100	miles
		stoting the underlying cause	DUE TO, OR AS A C	ONSEQUENCE OF	Adt	//- 7	# 11-			1	
		last.	(c) (d)	lovose	leroliè	neary	ause	50		104	aers
		PART 2. OTHER SIGNIFICANT COND	ITIONS CONTRIBUTING	TO DEATH BUT NO	T RELATED TO TH	IE TERMINAL D	ISEASE OR CONDITI	ON GIVEN IN PART 1(a)		
	NO										
	CERTIFICATION	19a. DATE OF OPERATION 19b. CO	ONDITION FOR WHICH OF	PERATION WAS PER	RFORMED	20a. AUTOPSY		20b. IF YES, WERE FILL CAUSES OF DEATH?	NDINGS CONS	SIDERED IN CER	TIFYING
	ERTIF	A ACCURATION WAS INVESTIGATED	Tank and as		Tan Maria	YES 🗌	NO 🗌				
		21a. ACCIDENT WAS UNDERLYING		RY nth Day Year	21c. HOW	INJURY OCCUR	RED (Enter natur	e of injury in Port 1 or	Port 2, Item	n 18.)	
	MEDICAL	(If either, natify medical examine	er) P.M.	19							
		21d. INJURY OCCURRED 21e. P	LACE OF INJURY (AT HD	ME, FARM, STREET, FAC BUILDING, ETC.	IORY.) 21f. LOCA	ION Street a	ır R.F.D. Na.	City of Town		County	State
		While Not while at work at work					10/1=	100 1	10	100	
		22a. I certify that (I) (this saw the deceased ali	hospital) attende	d the decease	d from	natio (my)	(our) opinion	dogth accurred an	19_6	, that (l) (we) la
		causes stated above,	(I) (we) (did) (did	nat) view the	adv after dec	ith.	(aur)-opinium	aeam accorrea an	The dole	dia iladi d	na mani m
		22b. SIGNATURE		1/2/1	, , , , , , , , , , , , , , , , , , , ,		HED	CTAFF	22c. DAT	E SIGNED	10
	7	1 pan	n y	Melon	DEGREE	ATTENDING PHYS.	MED. DIRECTO	R STAFF PHYS.	125	May 6	7
		22d. PHYS/CIAN'S			1	22e. ADDRES	SS			- 11-2	
		NAME (Type) Thoma	s G. Malon	ey, M.D							
	23o.	BURIAL, CREMATION, 23b. DA	ATE		EMETERY OR CR		23d.	LOCATION (City or Tox	wn) {	(County)	(State)
	18	REMOVAL (Specify) 3/28	3/1969	St John	's Ceme			s Co. New	Chest	er P	a.
	24.	UNERAL DIRECTOR	VK 16	ADDRESS))	25	SQ RECE BY RES	STRISGS 25b REG	SISTRAR'S SIG		٤
	Fr	ed F. Deiser 9	17 /60	J Oxford	LPa.	D	ALE O	11		()	

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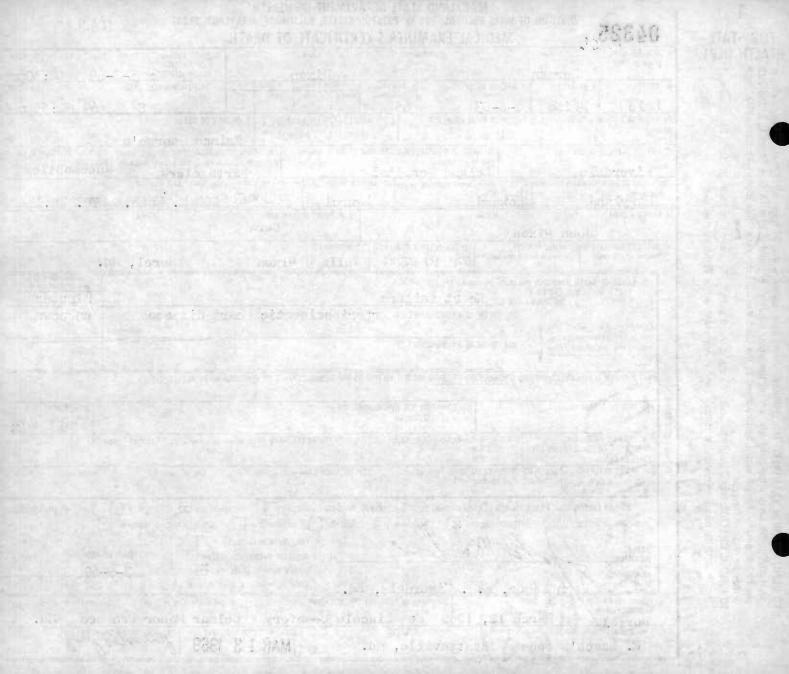
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10	0432	26	DIVISION OF VIT			OF DEATH	MORE, MARYLAND 2	1201	0431	8
oth.	J. DECEASED-NAME (Type or print)	First		Middle		ost	20. DATE OF DEATH Month	D	.V	26. Ноцет
physicion and completely filled in by the funeral en please remove carbon papers. Pages 1 and 2 oval, and in any event, within 72 haars after death		Bryan		L.	Down	ey	3 Month	26	65°	6:10M
fter e fu es 1	3. SEX		4. RACE			TE OF BIRTH	6. AGE (In	yeors		HOURS MIN
rs a	Male		Cauca		1.	-7-17	last birthe	52YRS.	munins OAIS	nouks min
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plet car	130. USUAL RESIDENCE	(Where deceased				13d. INSIDE CITY LIMI	TS? 13e. STREET AND NU	MBER		-
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nd an an	14. FATHER'S NAME	First	Middle	Last		HER'S MAIDEN NAME Fire		Middle		Last
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sicio afe	16a. WAS DECEASED E	VER IN U.S. ARMED (If yes give war o	e datas of capical	. SOCIAL SECURITY NO				ddress		
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eath certif	18. CAUSE OF D	EATH (Enter only	ane cause per line fo	r (a), (b), and (c).)		1	Wifey		APPROXIMA BETWEEN ONS	ATE INTERVAL SET AND DEATH
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The offee of the has	DIFF					YES NO 🔀	CAUSES OF DEATH?			
SICIAN: The spitol ar officiate has ed for use of Health	210. ACCIDENT V	WAS UNDERLYING	21b. TIME OF INJI		21c. HOW INJ		nature of injury in Part 1 c	r Part 2, It	em 18.)	
CI PER		CAUSE OF DEATH medical examiner	HOUR A.M. M. P.M.	anth Day Year						
PHYS physical phis ce etache Dept.	21d. INJURY OCC While Nat w at wark of w	CURRED 21e PL			DRY.) 21f. LOCATION	Street or R.F.D. Na.	City or Town		Caunty	State
NG the ter de	22a, I certify	that (I) (this	hospital) attende	ed the deceased	from Se	p 7 . 196	10-56 mdh	e 6 19 6	S that (I) (we) lost
D HOSPITAL OR ATTENDING Poge 4 moy be retained by the Stuneral DIRECTOR: After the director, page 3 should be dishould be filled with the State	sow the couses s	deceosed olive	e on 2 6 m 34- l) (we) (did) (did	not) view the bo	69, ond that	in (my) (our) opini	on deoth occurred or	the dot	e ond hour a	nd from the
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TO HOSPITAL Poge 4 moy TO FUNERAL idention, page	23a. BURIAL, CREMATIO	ON. 23b. DAT	9/69	23c. NAME OF CE	METERY OR CREMA	TORY	23d. LOCATION (City or To	wn)	(County) Md	(State)
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13a.	USUAL RESIDENCE (Where deceo	ad lived if institution.							aport of the	1100
adm	ssion) STATE Md.	13b. COUNTY Pr	. Geo.	Suit	land	YES NO	1 402	0-Brook	s Dr.,	SE
14.	ATHER'S NAME First	Middle	Last	1	S. MOTHER'S /	MAIDEN NAME First		Middle		Lost
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160.	WAS DECEASED EVER IN U.S. AR	MED FORCES? 16b	SOCIAL SECURITY	NO. 17.	INFORMANT			Address		SE
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			r (a), (b), and (c).	.)	100	1 0			APPRO BETWEET	XIMATE INTERVAL I ONSET AND DEATH
	PART I. DEATH WAS CAUSE	D BY: ATE CAUSE (a)	ande	sec	- X	alle	ee_		m	emixes
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	PART 2. OTHER SIGNIFICANT CO	IDITIONS CONTRIBUTING	TO DEATH BUT N	OT RELATED T	O THE TERMIN	AL DISEASE OR CON	DITION GIVEN	IN PART 1(a)		
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	19a. DATE OF OPERATION 19b.	CONDITION FOR WHICH C	PERATION WAS PE	RFORMED	20o. AU1		20b. IF	YES, WERE FINDING	S CONSIDERED IN	CERTIFYING
RTIFIC					20o. AUT	OPSY?	20b. IF	YES, WERE FINDING OF DEATH?		CERTIFYING
AL CERTIFICATION	21o. ACCIDENT WAS UNDERLYII	IG 21b. TIME OF INJI	JRY	21c. H	20o. AUT	OPSY?	20b. IF	YES, WERE FINDING OF DEATH?		CERTIFYING
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	70. E caun 10. C 13a. admi	3. SEX Male 70. BIRTHPLACE (Stote or foreign country) Pa. 10. CITY OR TOWN OF DEATH Lanham 130. USUAL RESIDENCE (Where deceos admission) STATE Md. 14. FATHER'S NAME First Daniel 160. WAS DECEASED EVER IN U.S. ARK Yes, no, or unknown) 18. CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDIA Conditions, if any, which gove rise to immediate cause (o), stating the underlying cause last.	1. DECEASED-NAME (Type or print) 3. SEX 4. RACE Male 70. BIRTHPLACE (Stote or foreign country) Pa. 10. CITY OR TOWN OF DEATH Lanham 13a. USUAL RESIDENCE (Where deceosed lived, if institution: admission) STATE Md. 14. FATHER'S NAME First Middle Daniel D. 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) 18. CAUSE OF DEATH (Enter only one couse per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if ony, which gove rise to immediate cause (o), stating the underlying couse lost. (c) DUE TO, OR AS A (c)	1. DECEASED-NAME (Type or print) 3. 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SEX 4. RACE White April 7-1886 70. BIRTHPLACE (Stote or foreign Pa. 10. CITY OR TOWN OF DEATH I. SUJUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) STATE Md. 13b. COUNTY Pr. Geo. Suitland First Daniel Dreslin 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknawn) 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Stating the underlying cause (b) STATE DUE TO, OR AS A CONSEQUENCE OF (c) Lost Dreslin Lost Dreslin April 7-1886 9. COUNTY OF TOWN OF DEATH April 7-1886 9. COUNTY OF TOWN OF DEATH April 7-1886 PART I. DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF (c) DUE TO, OR AS A CONSEQUENCE OF (c) DUE TO, OR AS A CONSEQUENCE OF (c)	1. DECEASED-NAME (Type or print) 3. SEX 4. RACE White April 7-1886 5. DATE OF BIRTH April 7-1886 6. AGE (In years log birthday) YES 10. CITY OR TOWN OF DEATH Lanham 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital during most of working life, eyen if retarged admission) 13. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) 13. SEX 4. RACE 5. DATE OF BIRTH April 7-1886 6. AGE (In years log birthday) YES Prince George 10. CITY OR TOWN OF DEATH Lanham 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital during most of working life, eyen if retarged admission) 13. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) 13. LOUNTY Pr. Geo. 13. CITY OR TOWN SUITLAND 13. MOTHER'S MAIDEN NAME First Middle Daniel D. Dreslin 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME First Middle Daniel D. Dreslin 16. SOCIAL SECURITY NO. 17. INFORMANT Mae D. Eakle-Daughter-402 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove is to immediate cause (o), stating the underlying cause (c) DUE TO, OR AS A CONSEQUENCE OF (c)	CERTIFICATE OF DEATH 1. DECEASED NAME (Type or print) 3. SEX 4. RACE 5. DATE OF BIRTH April 7-1886 6. AGE (In years 1 bundent year 1 lost pression 1 lost pression 2 los

MARYLAND STATE DEPARTMENT OF HEALTH

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in pencil in Item 18. Give Pages 1,

This certificate shauld be executed within 24 haurs after death

octment,

TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages 1 and 2 with the State Dep

Health prior ta burial, crematian, ar remaval, and in any event within 72 haurs after death.

the funeral director. Page 4 should be farwarded to the Chief Medical Examiner's Office alang

necessary, please execute the certificate, writing the ward "pending"

SICAL EXAMINER:

O DEPUTY

MARYLAND STATE DEPARTMENT OF HEALTH 04334 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EVAMINED'S CEDTIFICATE OF DEATH

04326

		MEDICAL	EVAIMILIEK 2	CENTIFICATE	OL DE	AIII	
1. DECEASED-NAME	Firs		Middle	Lost			Doy Yeor 2b. HOUR
(Type or Print)	Edwa	rd	Eugene	Ern	ner	DEATH MATED \$ 3-17-	-69 191:33amM
3. SEX	4. RACE	S. DATE OF BIRTH	6. AGE (In yea	IF UNDER 1 YEAR	IF UNDER 24	4 HRS 2c. DATE PRONOUNCED DEAD	2d. HOUR
Male	White	9-25-192	last birthday)) MONTHS DAYS	HOURS	Min. Month Day	69 192:15am M
7o. BIRTHPLACE (Sta		7b. CITIZEN OF WHAT CO		MARRIED NEVER MA	RRIED	9. COUNTY OF DEATH	07 12 17 411 111
country) OH	10	U.S. AM			ORCED X		Md
IO. CITY OR TOWN C	OF DEATH		OF HOSPITAL OR INSTITUT			Prince George's UAL OCCUPATION (Kind of work done 12	2b. KIND OF BUSINESS OR
		give street	oddress)			most of working life, even if retired.) IN	NDUSTRY
Cheve		Pri	nce George Residence before 13c. C	Hospital	3d. INSIDE CITY LIV	MITS? 13e. STREET AND NUMBER	BAKED GOODS
admission) STAT			eorge 's Sea			The state of the s	1
14. FATHER'S NAME	First	Middle	Lost	IS. MOTHER'S MA	A	First Middle	lost
	LEO	A	ERMER		AD	DIE .	STOGSDILL
160. WAS DECEASED E (Yes, no, or unkno			SOCIAL SECURITY NO.	17. INFORMANT		517-74TH	ST,
YES	WOR		79-22-5244	JOHN A.	ERME	R CARMODY HIL	
18. CAUSE O	F DEATH (Enter or	nly one cause per line fo	or (a), (b), and (c).)		F - 4		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART 1.	DEATH WAS CAUSE	D BY:	shot wound	of brain			DETRIES ONCE AND DEATH
95	5 X	1 '	CONSEQUENCE OF	OI DIGIN			
Conditions, if	ony, which gove)	CONSEQUENCE OF				THE RESERVE
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PART 2. OTHER	SIGNIFICANT CON	DITIONS CONTRIBUTING T	O DEATH BUT NOT RELATE	ED TO THE TERMINAL D	DISEASE OR CO	ONDITION GIVEN IN PART 1(0)	
No.							
190. DATE OF	OPERATION	196.	CONDITION FOR WHICH (OPERATION			20. AUTOPSY?
Ĕ			WAS PERFORMED!				YES 🔀 NO 🗌
			RY Month, Doy, Yeor	21c. HOW INJURY O	CCURRED (Ento	er noture of injury in Port 1 or Port 2, Item	n 18.)
CAUSE OF DEA	OR CONTRIBUTING	HOUR A.M.	3-17- 19 69	Shot se	1f a+	home	
21d. INJURY O	CURRED 21e.	PLACE OF INJURY (At ho	me, form, street,	21f. LOCATION Street	or R.F.D. No.	City or Town	County State
WHILE AT WORK	NOT WHILE TO	octory, office building, etc	.)	same a	e #13		
		home	. 1 .1 1				1.
			emains described abo			Inspection X, Inquiry	and in my apinian
death r	esulted from:	Natural causes	Z, Agtiplent L	, Suicide X,	Hamicide	e [_], Undetermined manner [_	
	//	· W K	. // 0	СНІ	IEF MEDICAL E	EXAMINER	
ACTUAL SIGNATURE _	41	Tun	eno	M.D. ASS	SISTANT MEDIC	CAL EXAMINER 22b. DATE SIG	GNED
EXAMINER'S	//			DEF	PUTY MEDICAL	EXAMINER 3	-17-69
NAME (Type)	John K	Cehoe MD	Riverdale,	Md. ADI	DRESS(Street,	city, town, or county)	
23o. BURIAL, CREM	ATION, 23b	. DATE	23c. NAME OF CEMETE			23d. LOCATION (City or Town) (C	County) (Stote)
REMOVAL (Spe		AR 20,1969	ARIUNITO	N NAT. CI	EM.	ARLINGTON ARL.	Co. VIRGINIA
24. FUNERAL DIREC			ADDRESS	, , on C		BY REGISTRAR 25b. REGISTRAR'S SIG	
W.W. CH		Co. Ri	VERDALE,	Mp.	DATMAR	2 4 1969 The many	By Vicegran
VUIVILH	MMBELL	CO 1 1/1	VLEVALL	1.10/	INVIENT ST	1 10 4	27

MD.

RIVERDALE,

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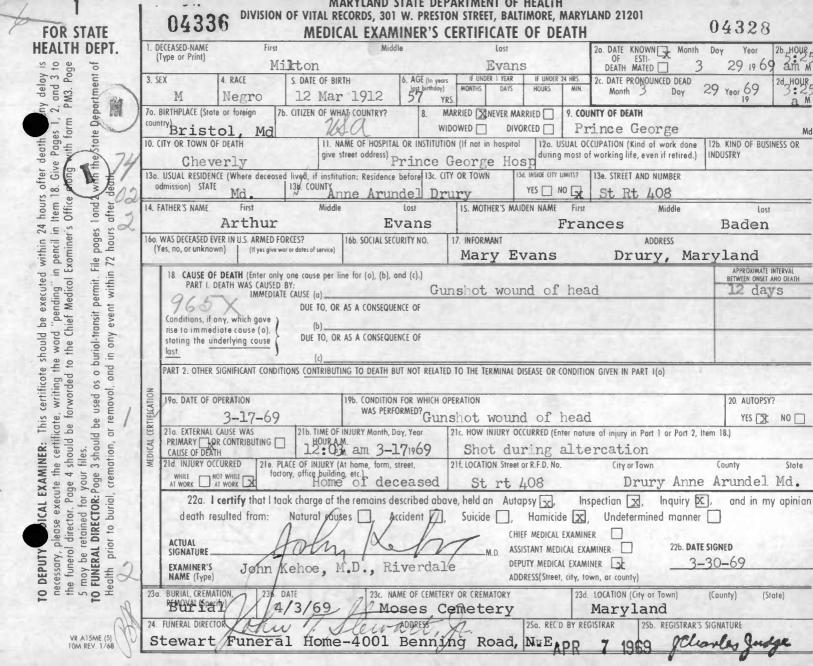
W.W. CHAMBERS CO.

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n 1	MARTLAND STATE DEPARTMENT OF HEALTH	
000000000000000000000000000000000000000	Item6 FilmGilo 3DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	01000
100 100 100		04327
death.	1. DECEASED-NAME First Middle Lost 20. DATE OF DEATH (Type or print) — Month Doy	2b. HOUR
er deal	MelmA P ERVIN MARCH 20	69 1.55 AM
Ter Ter		INDER 1 YEAR IF UNDER 24 HRS
y the Pages	- PMAIE 1/2900 Aug 31, 1900 68 / 9 YRS.	THS DAYS HOURS MIN
hour hour	7a. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
4 in 25 /	South CAROLINA US A WIDOWED DIVORCED PLIDER GOORS	1e Md.
filled thin 24	10. PIT OR TOWN OF DEATH, 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION, (Kind of work done 1 guyestyeet godress) and the following the fol	2b. KIND OF BUSINESS OR
e executed withing and completely filter remove carbon promote any event, with	Mosts Ville Musice Francisco	Jones Hille
amplet ve car event,	13c. STATE AND NUMBER	1115417410
ecuted with campletely ave carbon y event, will	Odmission) STATE NO C, 13b. COUNTY YES NO 316 Varnus	n St N4
and company in any	14. FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle	Lost
	George H Pugh LAURA C. Willing	mson
icate by signal ysignal and in, and in	160. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes po or unknown) (If yes give war or dolog of service) 16b SOCIAL SECURITY NO 17 INFORMANT Address	DARLINGTON
piny political p	1000 (1985 gray war or doles of service) 237-58-2881 Roser Cruin 107 Jess	mine
	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ar re	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Consisting I scort failure	2 deces
e death attendi	4/23 DUE TO, OR AS A CONSEQUENCE OF	1 //-
t the	Conditions, if any, which gove) we certain a effective of the HD	Hurden
their shire in the	rise to immediate couse (a), Stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF	*7
ATTENDING PHYSICIAN: The law requires that the death etained by the haspital or attending physician. CTOR: After this certificate has been signed by the attendin shauld be detached far use as the burial-transit permit.	lost. (1) Circle arterioschio & cva.	,
phy phy sign buri	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
v re ing en he to	2 Decaletis - Pepelenphreks	
lay end s be as t	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 206. AUTOPSY? 206. IF YES, WERE FINDINGS CONSI	DERED IN CERTIFYING
Se part of the par	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 206. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIL YES NO 20b. IF YES	
NN: or or o		18.)
at a faith a f	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year 19 Of INJURY OF CURRED 121e PLACE OF INJURY / AT HOME FARM. STREET FACTORY) 21f LOCATION Street or P.E.D. No. (it or Taura Golden)	
PHYSICIAN: The law re he haspital or attending this certificate has been letached far use as the sept. af Health priar to		ounty State
the this detector	While Not while of work of work	
IDING d by t After d be c	22a. I certify that (1) (this hospital) attended the deceased from War 6, 1969, to was 19, 1969	Z, that (I) (we) last
END eed Pild he s	saw the deceased alive on 1 1 199, and that in (my) (our) apinian death accurred on the date a causes stated abave, (I) (we) (did not) view the bady after death.	nd hour and fram the
Train tain the state of the sta	and stown tips	CICNED
OR JOE TE	226. SIGNATURE THE LIGHT OF THE SIGNATURE THE PHYS. DIRECTOR DIR) (- C
V b d A b d d d d d d d d d d d d d d d d	22d. PHYSICIAN'S 22e. ADPRESS	20-69
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 shauld be detached far use as the burial-transhould be filed with the State Dept. af Health priar to burial, cre	NAME (Type) 1324-Michiaux NE RICHARD F. SA	AW
UNE 4 borld	230 RURIAL CREMATION 235 DATE 237 NAME OF CEMETERY OR CREMATORY 234 LOCATION (City or Town) (C	ounty) (Stote)
diring she	DEMOVAL (Consider)	(31016)
	24. FUNERAL DIRECTOR Rhines Co. Funeral Homes 256. REC'D BY REGISTRAR 256. REGISTRAR'S SIGN	ATURE
VR A15 (4) 45M - 1/69	=3015 12th Street N. E. Washington D. C. MAR 2 4 1969 garante	Veedal.

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